

**APPLICATION TO THE
FEDERAL COMMUNICATIONS
COMMISSION
(FCC)**

**RHC Pilot Program
WC Docket No. 02-60**

Establishing a Statewide Telehealth Network
Developed by the Washington Telehealth Consortium

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May 4, 2007



May 2, 2007

The Honorable Kevin Martin, Chairman
Federal Communications Commission
445 12th Street, SW
Washington, DC

RE: WC Docket No. 02-60
Rural Health Care Pilot Program Application
Washington Telehealth Consortium
State of Washington

Dear Chairman Martin:

On behalf of the **Washington Telehealth Consortium (WTC) and the Association of Washington Public Hospital Districts (AWPHD)**, I am submitting this application for funding consideration under the FCC Pilot Program – WC Docket No. 02-60. The WTC team is committed to this proposal which will bring enhanced telehealth access to rural citizens in Washington. It will be our honor to work with the Federal Communications Commission who has the same commitment to improve the quality of life for our rural citizens and communities.

The WTC proposal and request for **\$686,382** generates the potential to serve **1,061,000 citizens** in **53 medically underserved communities** throughout the State of Washington. This application will serve one hundred and twenty-six (126) hospitals and clinics of which forty (40) are in rural/medically underserved areas (MUAs).

In the Spring of 2006, the AWPHD brought together key telehealth stakeholders to seek agreement on opportunities to improve the affordability and quality of telehealth services available to Washington's rural hospitals and clinics. Through a combination of personal interviews, surveys and stakeholder forums, several major barriers to available and affordable telehealth services in Washington surfaced as priorities:

- Lack of funding for local telehealth investment and recurring costs;
- Limited bandwidth and/or infrastructure capacity to and within rural communities;
- Poor coordination of statewide and inter-institutional leadership;
- No "business case" for sustainable statewide interconnection;
- Little incentive for inter-network and inter-institutional collaboration;
- Lack of common standards and protocols among existing networks;
- Low user adoption of telehealth services; and
- Unarticulated technical requirements.

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With leadership and financial support from AWPHD, a statewide consortium was formed in October 2006. The Washington Telehealth Consortium (WTC) is open to rural and urban hospitals, telehealth service providers, carriers and state agencies. Founding members of this consortium include eight (8) healthcare organizations, with five (5) that collectively deliver telehealth services to thirty-three (33) rural communities in the state of Washington. Each of the WTC founding members has signed a formal Memorandum of Understanding committing to work together to develop and advance an appropriate statewide telehealth solution. Among its founders, the WTC counts all of the state's major telehealth service providers and the organization (AWPHD) that represents the majority of the state's rural hospitals.

The WTC members recognize that creating a fully functional statewide telehealth network is complex and that effective, sustainable solutions must be developed and implemented in an incremental fashion. This proposal to the FCC's RHC Pilot Program requests funding for the first phase of a broader plan as the first step toward addressing the barriers described above.

The Consortium envisions a telehealth network that will eventually connect hundreds of sites: rural hospitals, rural clinics, tribal health centers, public health departments, mental health service providers, research centers, and urban hospitals. We believe substantial progress toward this vision can be realized within three to five years. Washington's residents will experience improved healthcare quality and cost effectiveness by:

1. Connecting rural health providers to telehealth content and services delivered over Washington's telehealth networks, improving patient access to medical specialists;
2. Bringing professional education opportunities to rural healthcare providers;
3. Linking medical research centers to the "practicing" healthcare community to foster adoption of clinical best practice and facilitate comprehensive collaborative research;
4. Leveraging statewide connectivity to ensure rapid, integrated and coordinated response to a regional or national emergency; and
5. Adopting a common Electronic Medical Record standard.

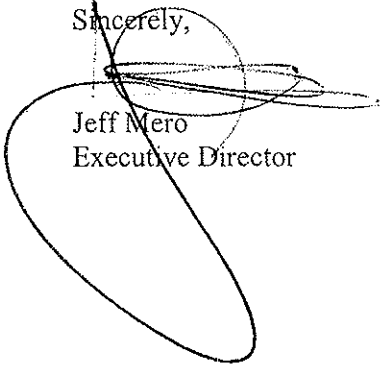
The Association of Washington Public Hospital Districts committed to the matching funds required by the FCC. The Washington Telehealth Consortium intends to request additional funding from the FCC in the second funding period of the RHC Pilot Project to build and implement additional phases of Washington Telehealth Exchange. Matching funds required for the second funding period of the Pilot Program will be sought from the Washington State Legislature, contributions from network stakeholder, and grants.

In closing, I want to commend you for establishing this pilot program and opening the door for the FCC Commission to re-examine the rural health care (RHC) universal service support program. In particular, I am pleased that the FCC Commission has significantly expanded the scope of the RHC under this pilot to encourage infrastructure investment and the deployment of dedicated networks.

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If you have any questions or need any clarification, please feel free to contact us at (206)216-5219 or jeffm@awphd.org. Thank you in advance for considering our proposal. We look forward to hearing from you.

Sincerely,



Jeff Mero
Executive Director

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I. EXECUTIVE SUMMARY / ABSTRACT

The Association of Washington Public Hospital Districts (AWPHD) is a non-profit organization established to provide services to the state's public hospitals. In 2006, the AWPHD led an effort to create the Washington Telehealth Consortium (WTC) to work with a wide range of health care organizations to develop a statewide telehealth network. This application seeks **\$686,382** in Federal Universal Service support to conduct a comprehensive network design study and initial network deployment to determine the optimal way to enable the Washington Telehealth Exchange (WTE) to interconnect Washington's disparate telehealth networks with each other and Internet 2 and other advanced communications networks. The AWPHD proposes to commit **\$121,126** in matching funds for this project. AWPHD will be legally and financially responsible for this much needed project.

The project seeks to build on the work of the WTC to design a network that leverages existing telecommunications infrastructure; affordably connects the state's telehealth networks and facilitates access to telehealth services. The project includes the creation of an innovative web portal as a tool to affordably facilitate the network design development and study as well as to aggregate existing network information and resources. By working together to determine needs within the state, the available network resources and the alternative technologies available to interconnect existing networks and connect to Internet2, the costs of the ultimate network investments will be optimized. This project will provide tremendous benefit to rural communities which can use telecommunications technologies to access state-of-the-art health care.

Access to high quality medical care increases significantly when robust telehealth services are easily accessible to healthcare providers, especially those serving rural and medically underserved communities. Such access also reduces the cost and impact of illness on individuals, families and employers by bringing specialized services—especially diagnostic services and follow-up care—to remote communities.

Washington State has a number (no less than six) of well-established and experienced telehealth networks. However, each operates independently, with limited coordination, interconnection and collaboration among the networks. Though all involved recognize the potential benefits of statewide collaboration, agreement on a mutually beneficial collaborative model has been elusive. As a result, the potential benefit telehealth services might offer rural Washington's health care providers and residents has never been fully articulated, let alone realized.

In the Spring of 2006, the Association of Washington Public Hospital Districts (AWPHD) brought together key telehealth stakeholders to seek agreement on opportunities to improve the affordability and quality of telehealth services available to Washington's rural hospitals and clinics. Through a combination of personal interviews, surveys and stakeholder forums, several major barriers to available and affordable telehealth services in Washington surfaced as priorities:

- Lack of funding for local telehealth investment and recurring costs;
- Limited bandwidth and/or infrastructure capacity to and within rural communities;
- Poor coordination of statewide and inter-institutional leadership;
- No "business case" for sustainable statewide interconnection;
- Little incentive for inter-network and inter-institutional collaboration;
- Lack of common standards and protocols among existing networks;
- Low user adoption of telehealth services; and
- Unarticulated technical requirements

With leadership and financial support from AWPHD, a statewide consortium was formed in October 2006. The Washington Telehealth Consortium (WTC) is open to rural and urban hospitals, telehealth service providers, carriers and state agencies. Founding members of this consortium include eight (8) healthcare organizations, with five (5) that collectively deliver telehealth services to forty (40) rural communities in the state of Washington. Each of the WTC founding members has signed a formal Memorandum of Understanding committing to work together to develop and advance an appropriate statewide telehealth solution. Among its founders, the WTC counts all of the state's major telehealth service providers and the organization (AWPHD) that represents the majority of the state's rural hospitals.

The WTC members recognize that creating a fully functional statewide telehealth network is complex and that effective sustainable solutions must be developed and implemented in an incremental fashion. This grant application to the FCC's RHC Pilot Program requests funding for the first phase of a broader plan as the first step toward addressing the barriers described above.

The first step (Phase 1) in creating a statewide network will be the interconnection of Washington's existing telehealth networks. The interconnection of Washington's telehealth networks is an essential step in creating a formal "network-of-networks" and will serve as the foundation of the statewide network. This initiative aggregates the needs of **forty (40) rural health care** facilities and offers improved utility and expanded markets to existing regional telehealth networks in the state of Washington.

Phase 1 includes development of a **web portal** that will support a directory of services and a common calendar that service providers will share; and provide access to continuing professional education content and specialty clinical telehealth applications, and enhance participants' ability to conduct collaborative activities statewide (such as videoconferencing).

The interconnection of existing regional networks provides immediate benefits to those hospitals and clinics currently connected to a telehealth network and offers existing telehealth networks increased utility and the opportunity to expand their markets. These gains can be achieved at costs that are sustainable.

However, the application makes clear that Phase 1 is only a step toward a broader vision.

With this broader vision in mind, the federal support sought under this application will also fund the network design study which will produce a blueprint for a scalable, robust network that provides adequate local infrastructure (e.g., last mile, last 100 feet), rationalizes recurring subscription and connection costs, and eliminates geographic location as a barrier to realizing the benefits of telehealth and telemedicine. The Washington Telehealth Consortium is committed to creating a comprehensive statewide telehealth network solution—the Washington Telehealth Exchange (WTE).

The Consortium envisions a telehealth network that connects hundreds of sites: rural hospitals, rural clinics, tribal health centers, public health departments, mental health service providers, research centers, and urban hospitals. We believe substantial progress toward this vision can be realized within three to five years. Washington's residents will experience improved healthcare quality and cost effectiveness by:

1. Connecting rural health providers to telehealth content and services delivered over Washington's telehealth networks, improving patient access to medical specialists;
2. Bringing professional education opportunities to rural healthcare providers;
3. Linking medical research centers to the "practicing" healthcare community to foster adoption of clinical best practice and facilitate comprehensive collaborative research;
4. Leveraging statewide connectivity to ensure rapid, integrated and coordinated response to a regional or national emergency; and

5. Working toward the adoption of a common Electronic Medical Record standard.

Total expected costs for Phase 1 development is **\$857,138** of which **\$807,508** are eligible for funding and **\$49,630** are ineligible; ineligible funds will be covered by the Association of Washington Public Hospital Districts.

Of the total eligible funds (**\$807,508**), the Washington Telehealth Consortium is requesting **\$686,382 (85%)** in Federal Universal Service support to build the Washington Telehealth Exchange, including the design and creation of a Web-Portal, and to facilitate interconnection of Washington's disparate telehealth networks. The Association of Washington Public Hospital Districts will commit **\$121,126 (15%)** in matching funds to this project. AWPHD will serve as the legal entity applying for this grant and hold the fiscal and legal responsibility for the project.

This request contains only one (1) year of funding; the Washington Telehealth Consortium intends to request additional funding from the FCC in the second funding period of the RHC Pilot Project to build and implement additional phases of Washington Telehealth Exchange. Matching funds required for the second funding period of the Pilot Program will be sought from the Washington State Legislature, contributions from network stakeholder, and grants.

Once established, the project will be sustained through revenues generated from additional health care services provided under the pilot and the support of the project partners.

II. PROJECT SUMMARY

<i>Type of Proposal:</i>	Network Design Studies / Initial Network Deployment
<i>Legal Applicant:</i>	Association of Washington Public Hospital Districts (AWPHD)
<i>FCC/RHC Request:</i>	\$686,382
<i>Matching Dollars:</i>	\$121,126
<i>Service Area:</i>	Washington State
<i>Rural Sites:</i>	40 (please see Appendix C for complete listing)
<i>Urban Sites:</i>	93 (please see Appendix C for complete listing)

A. Purpose

The Washington Telehealth Consortium (WTC) is a diverse group of medical organizations working together to improve healthcare options for all Washingtonians, with special emphasis on rural and medically underserved areas. In the WTC's proposal to the Federal Communications Commission (FCC), the WTC seeks funding for a comprehensive network design study and initial network deployment to carefully weigh the current and future telehealth needs of Washington and optimize the design of a multi-phased initiative known as the Washington Telehealth Exchange (WTE). The WTE will be designed to connect existing telehealth networks within the state and provide connections to Internet2 and other advanced communications networks as well as allow medical professionals to use the network to share resources, access medical information, facilitate remote consultation and facilitate the transmission of electronic medical records. The network design study will also consider ways to ensure that the network and its protocols facilitate expansion of the network and ensure its compatibility with networks outside the state with an eye towards being part of an eventual national high capacity telehealth network. The WTC expects to apply to the FCC for a second year for the continued development of the WTE.

Funding for the network design study will provide an opportunity for the WTC to explore the most efficient, effective means of delivering telehealth/telemedicine to rural areas. It will allow the WTE to determine an economically reasonable means to enhance access for advanced telecommunications and information services to multiple locations and will allow the exploration of various technologies to connect our rural/underserved health care facilities.

The WTE will be an open, robust, multi-purpose telehealth and information network available to all health service vendors (including independent telehealth networks), hospitals and healthcare clinics operating in Washington State. Once the multi-phased plan is implemented, the WTE will provide fee-based telehealth services and applications over a statewide network backbone by creating a "marketplace" that facilitates and aggregates the demand for, and supply of, telehealth solutions.

Funding the WTE's proposal will provide an opportunity for health care providers within the State of Washington to benefit from advanced applications for health care, education and research.

B. Background

The scope of work and project design presented in our proposal to the RHC Pilot Program reflect a long process involving the effort and expertise of approximately 45 committed professionals representing a broad array of organizations, each of whom believe the quality of healthcare for all Washingtonians can, and therefore must, be enhanced by the purposeful expansion of telehealth services and applications throughout Washington State. In this sub-section, the backgrounds of telehealth networks in Washington State and the way this group has developed a plan to improve the access and application of these networks are described.

As the costs of healthcare remain a constant challenge at national, state and local levels, there is a strong need to find solutions. Areas in which costs may be contained include clinician and administrative work flow efficiencies, patient data transfer, reduction of duplicate testing, and reduction of unnecessary office visits. In each of these areas, a robust and appropriately deployed statewide telehealth and information network has the potential to contribute strongly to Washington State's effort to contain costs.

Telehealth and information networking services are helping Washington State's hospitals and clinics in rural and underserved communities to meet specific challenges which are magnified by the reality of limited monetary and human resources, including; continued certification of specialty services, recruitment and retention of qualified physicians and technicians, continuing education for medical staff, increased efficiencies and effectiveness of administrative workflow, adequate reimbursement for services rendered, deferred medical care, and costly medical related travel.

While each of these challenges are mitigated by strategic applications of an appropriately designed and implemented telehealth and information network, many critical access hospitals and clinics are disconnected from, or underserved by, the existing networks.

A statewide telehealth network in Washington State has the potential to improve healthcare outcomes, efficiencies in delivery, and cost effectiveness. Healthcare consumers from rural and underserved communities often encounter limited local healthcare options, which results in either deferred medical care or costly travel. Deferred medical care can create potential for acute medical conditions and/or chronic health problems. Travel for medical care creates non-reimbursable individual costs as well as broader community losses. Deferred medical care and expensive medical-related travel are both inconvenient and potentially harmful to patients.

The ability of the WTC to design and implement a statewide telehealth network has far reaching implications. In fostering broad implementation of telehealth technologies within the statewide healthcare environment, the Washington Telehealth Consortium will help to improve healthcare quality and cost effectiveness as well as build the capacity in the state to:

1. Connect rural health providers to telehealth content and services delivered by Washington's telehealth networks, allowing patients to access critically needed medical specialists;
2. Provide high quality continuing professional education opportunities to healthcare providers;
3. Link medical research centers and facilities to the broader healthcare community to foster and facilitate comprehensive collaborative research opportunities;
4. Leverage statewide connectivity to provide rapid and coordinated response in the event of a regional or national emergency; and
5. Adopt a common Electronic Medical Record standard.

The proposed network design study will work with a wide range of medical professionals and institutions to ensure that the specific needs of rural health care providers are aggregated and served, the existing infrastructure is leveraged and affordable, interoperable, scalable and adaptable technologies are used when the WTE is deployed.

C. Telehealth Networks in Washington State

The state of Washington is served by no fewer than six distinct and well-established telehealth networks. With some exception, current service areas are segmented geographically by western, eastern, and central regions. In general, a majority of the market-share in a respective region is served by one major network with other telehealth providers filling niche markets. Figure 1 depicts the existing coverage of these telehealth networks.

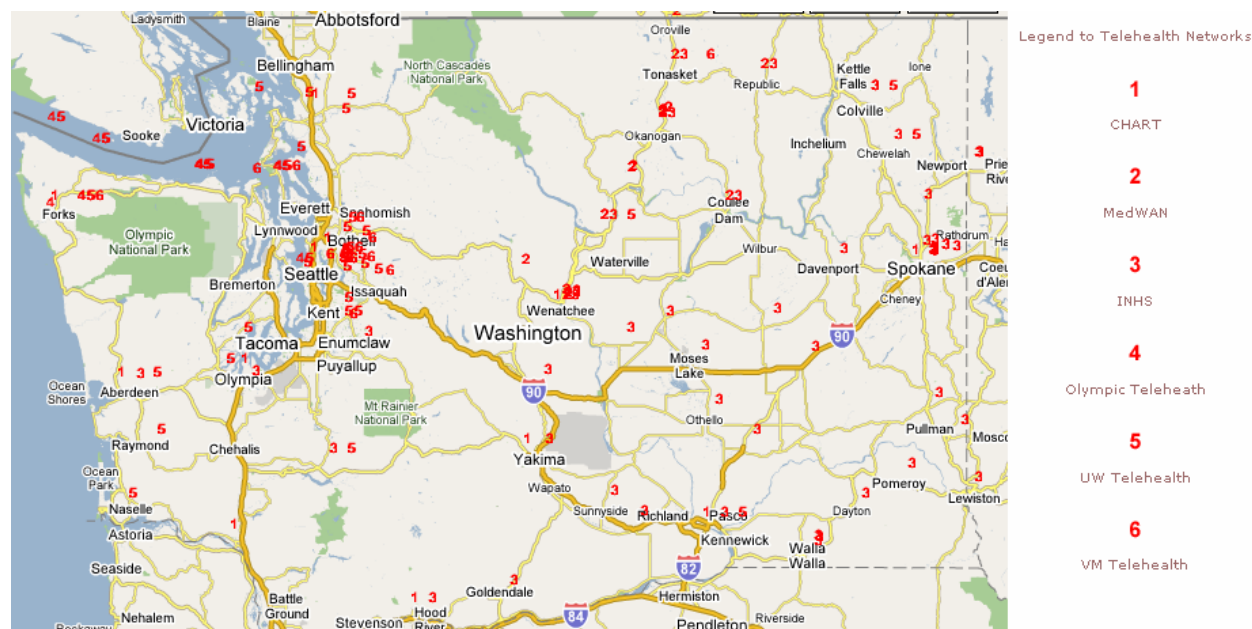


Figure 1: Coverage of Existing Telehealth Networks in Washington State.

Currently, **no adequate mechanism to interconnect Washington's robust-although-disparate telehealth networks is in place.** Each network is operated independently, offering a limited level of interconnection and/or collaboration with other networks. The sharing of voice, video, and data traffic between Washington's telehealth networks is currently possible; however, the methods used are inconvenient, costly and inefficient. Variances and incompatibilities among disparate networks' platforms, policies, technical protocols, and business models complicate the disjointed condition of Washington's telehealth and information networks; a condition complicated by the presence of both private, closed networks and public, open networks. For example, some networks maintain their operations with grant funds, and are therefore able to provide services at no charge to rural hospitals. Other networks must charge a subscription fee in order to support operations and programs.

Many rural hospitals and clinics are disconnected from, or underserved by, the existing telehealth networks. Barriers to accessing telehealth services in Washington's rural and medically underserved areas include: inadequate local infrastructure, insufficient funding at a given hospital to sustain recurring subscription and connection costs, and frequently the lack of available telehealth service coverage due to geographic location.

For those hospitals and clinics able to access network provided telehealth services, the cost of connection and membership is high, and organizations face the dilemma of choosing their service. Often, hospitals and clinics in Washington State must subscribe to one telehealth network that may not adequately support their needs. In order to combat these service gaps some hospitals choose to maintain multiple subscriptions to disparate telehealth networks, but due to the prohibitive cost this is not an option open to many and this "solution" is antithetical to the overall goal of lowering healthcare costs.

Washington State, like many western states, has significant rural populations living in what the Health Resources and Services Administration (HRSA) designates as Medically Underserved Areas (MUAs). There are **53 MUAs** in Washington State; the state's total population of 5,894,121 is spread over a 84,989 square mile area, with **18% living in rural areas**. 10.6% of Washington's population lives below the poverty level. Key findings for Washington State include:

- Need for clinical specialty services in radiology, pharmacy, psychiatry, oncology, pediatric, physical therapy and other tertiary care services.
- Rural and urban telehealth sites are persistently challenged to sustain telehealth networks in such a way that the provision of these services remains affordable.

The conclusion for Washington State drawn by the WTC explicitly calls for the establishment of a statewide open network, or an open network of networks. In part, the WTE's multi-phased plan responds to the discovered needs for Washington State.

D. WTC Process Background

Utilizing a progressive succession of processes, the WTC has identified and defined a set of goals and objectives to be addressed by the creation of the WTE (please refer the WTE Plan for a full description of the goals and objectives).

Beginning March of 2006, a broad coalition of partners created a collaboration to work toward establishing a statewide network. This work has been funded by the Association of Washington Public Hospital Districts (AWPHD) and grants from the Washington State Office of Community and Rural Health (OCRH, part of the Washington State Department of Health). To date, the AWPHD has contributed \$82,275 from their general operations funds and the OCRH has contributed \$43,000 through two FLEX grants. In total, \$125,275 have been committed to the development of the WTC and spent on meeting expenses and contracts with Washington State University Center to Bridge the Digital Divide, e-Copernicus, and NCI.

Visioning Process

The visioning effort was the first step in an open-ended process designed to study the need for a statewide telehealth solution for Washington State. The visioning effort was intended to lead to, and bring about, specific and intentional change in the near-term future (3 to 5 year timeframe). The visioning effort aimed to bring forth ideas for improving the access to, and application of, telehealth and information networks by rural healthcare providers. Implemented in March, 2006, the visioning effort has included an interview phase, utilizing the qualitative research method Ethnographic Futures Research, and a series of stakeholder meetings.

Following the interview phase, a face-to-face meeting was conducted on June 6, 2006 at which 20 representatives of various health organizations from around Washington State participated in a role playing activity designed to elicit insight on perceived disconnects between stakeholder groups and to develop consensus on key areas which emerged during the interviews and exploratory discussions. A synthesis of findings from the Visioning Process is characterized in four ways:

- A more full description of current telehealth network conditions in Washington State.
- The need for a statewide telehealth network to ameliorate the perceived inadequacies in addressing problems faced by rural hospitals and clinics and a composite vision of proposed statewide telehealth network conditions.
- Specific set of recommendations for future actions for achieving a desirable future vision.

- An action plan for the continued development of a statewide telehealth solution, which resulted in the Planning Process (see below).

Planning Process

Based on the findings from the Visioning Process, stakeholders participated in the Planning Process to create a comprehensive plan for a statewide telehealth and information network capable of addressing the inadequate availability of a seamless data and healthcare information connection throughout the state. The network must have an emphasis on rural and medically underserved areas, and must use standardized technical and administrative protocols for data sharing and exchange. Finally, the network must be supported by a sustainable leadership and funding structure. To create the comprehensive plan, the Planning Process was organized into two parts.

Planning Process: Part I

The first part of the planning process was designed to address the main areas of inadequate services, as identified in the visioning process, that block the creation of an open statewide telehealth and information network, including:

- 1) Lack of a seamless data and healthcare information connection throughout the state.
- 2) Lack of standardized protocols for data sharing and exchange.
- 3) Lack of sustainable funding and leadership structures to support a statewide telehealth and information network.

To address these barriers, the Planning Process further rephrased these problematic areas as actionable issues in the following ways:

- **Interconnection** – The physical linking of existing telehealth networks with equipment, including the connection of facilities not belonging to any telehealth network.
- **Interoperability** – The ability of multiple telehealth networks to interact with one another and exchange information in order to achieve predictable results.
- **Governance** - The use of institutions, structures of authority to allocate resources and coordinate or control activity among key stakeholders.

Based on these issues, three workgroups were formed and charged with the task to develop a “best bet” plan for their assigned issue: Interconnection, Interoperability, and Governance. The workgroups, consisting of stakeholders with expertise germane to their assigned issue, were recruited from Washington’s disparate telehealth networks and rural hospitals. Each workgroup was then charged to brainstorm and design a practical strategy to significantly advance a solution for their issue.

After the initial workgroup meetings, conducted via teleconference, the three groups came together on October 3, 2006 for a face-to-face work session to further develop their plan and to share their progress with the other workgroups.

Participants at the October 3rd meeting agreed that advancing and implementing a strategic vision for rural hospitals and clinics to have affordable and effective access to a statewide telehealth system is both a possibility and a priority. In addition, it was agreed that in order to efficiently and cost-effectively implement a responsive statewide telehealth approach, solutions should be designed to align and integrate with current telehealth networks and initiatives in Washington State. This group considered and then discarded the option to create a new, parallel telehealth network; it was at the October 3rd meeting that the decision was made to form the Washington Telehealth Consortium (WTC) that would design and implement the Washington Telehealth Exchange (WTE).

Participants suggested that future WTC efforts should concentrate on four key actions:

1. Gather all available information on current telehealth infrastructure, equipment, and services that can be leveraged to interconnect Washington's telehealth networks, hospitals, and clinics on a common Internet-based platform.
2. Identify gaps in available connectivity for rural hospitals and clinics.
3. Strengthen infrastructure capacity at sites that are not able to adequately connect to the Internet using existing resources.
4. Assemble a consortium of stakeholders to pursue funding needed to interconnect existing telehealth networks and ameliorate infrastructure weaknesses at select rural hospitals.

A second face-to-face meeting was conducted on November 20th, 2006. Agreements reached include:

- The WTC will formalize the collaborative efforts of current and future partners using an MOU-styled agreement.
- The WTC members identified the RHC Pilot Program (for which this proposal is written) as a top priority for the development of the WTE.
- The Association of Washington Public Hospital Districts, acting as the convener of the WTC, was chosen as the lead applicant for the proposal to the RHC Pilot Program.

Planning Process: Part II

Part II of the Planning Process was marked by stakeholders signaling their commitment to the WTC and the WTE plan by signing a Memorandum of Understanding. As might be expected among any consortium of large organizations, the signing process of the MOU is open-ended. WTC member organizations include a varied group of stakeholders (i.e., hospitals, private non-profit organizations, associations, private sector organizations). Many members are nationally recognized for excellence in telehealth service delivery. To date, the following organizations have signed the MOU and thereby officially joining the WTC.

- The Association of Washington Public Hospital Districts
- The Washington State Hospital Association
- Inland Northwest Health Services (parent of the Northwest Telehealth Network)
- University of Washington Medicine
- Virginia Mason Medical Center
- GCI (parent of the Medical WAN)
- Forks Community Hospital
- Garfield County Memorial Hospital

WTC's MOU-signing process remains open and new member organizations are invited to join and will be actively recruited once the WTE is established. It is expected that as the WTC begins the implementation of the WTE, many organizations who have already expressed interest in joining the WTC will sign the MOU.

As defined in the MOU document, all WTC activities are overseen by a Steering Committee, chaired by Jeff Mero, the Executive Director of the AWPMD. The Steering Committee decided on a strategy to investigate and develop the essential components of the WTC grant proposal, which included the formation of three distinct task groups:

- The Network Design task group investigated and articulated several options for the WTE plan. Network Design options, inclusive of budget figures, were presented for the consideration of the Steering Committee.
- The Governance task group investigated and articulated viable options for the governance of a statewide network. Governance options, inclusive of budget figures, were presented for the consideration of the Steering Committee and the Consortium at large.
- The Funding task group was primarily responsible for aggregating the business plan and completing those sections of the WTE business plan that are not explicitly addressed by either the Governance or Network Design task groups. These sections include the provision of background information on the WTC and WTE, creating a final budget, producing a financial projection summary, et cetera.

As a complementary activity, the AWPFD conducted a Telehealth Readiness survey designed to better understand the needs and opportunities for telehealth use among the AWPFD membership, which includes 53 rural hospitals and clinics. The survey was completed by 34 of the 53 AWPFD members (a response rate of 64%). Key findings from this survey were integrated into the design of WTE's multi-phased plan (please see Appendix B for full survey results); a sample of these findings is below:

- 7 respondents (21%) belong to no telehealth network; 19 (55%) belong to 1 telehealth network; 4 (24%) belong to 2 or more telehealth networks.
- 3 respondents (9%) report that telehealth costs outweigh the value.
- The top three telehealth services used by the respondents: 73% receive Continuing Medical Education services; 71% receive videoconferencing services; and 59% receive Grand Rounds services.
- 27 respondents (79%) report that lower subscription costs would either moderately or highly improve utilization of telehealth services and applications; 25 respondents (74%) report that improved access to telehealth networks would either moderately or highly improve utilization of telehealth services and applications.

Note: Minor discrepancies regarding hospital membership in telehealth networks have been observed in the survey data. Because the survey may have been completed by hospital personnel who were unaware of their network membership, the list of healthcare facilities included in Section VIII and Appendix C of this application are based on data provided by the telehealth networks and in some cases may conflict with survey results.

The recommendation of the three task groups, combined with the results from the AWPFD Telehealth Readiness and the other available telehealth surveys have been distilled and synthesized by the WTC Steering Committee and shaped as the WTE multi-phased plan. Our proposal to the RHC Pilot Program seeks funding for Phase 1.

III. LEGAL & FINANCIAL RESPONSIBILITY

The Association of Washington Public Hospital Districts (AWPHD) is the applicant for the Federal Communications Pilot Program that will examine how the rural health care (RHC) funding mechanism can be used to enhance public and non-profit health care providers' access to advanced telecommunications and information services.

The Association of Washington Public Hospital Districts has served as the trade association for Washington State's public hospital districts since 1952, first as an unincorporated association and since 1998 as a **non-profit corporation**. Each of the member public hospital districts is a governmental entity created by state law and each public hospital district is governed by a board of publicly elected commissioners.

The Association's activities can generally be divided into two categories: education and advocacy.

The Association's educational activities focus on the unique characteristics of being a governmental entity and improving the delivery and accessibility of healthcare in hospital district communities. The Association provides members with updates of changes in state and federal law likely to impact public hospital districts.

The Association also provides an opportunity for members to expand their capabilities as hospital district administrators and board members by providing a forum for networking with their peers. Those networking opportunities permit the administrators and board members to learn from others' experience and promote cooperative activities and affiliations among different public hospital districts.

The Association engages in advocacy in order to promote:

- 1) Increased accessibility to and affordability of healthcare services; and
- 2) Improved health status of communities throughout Washington State.

The Association works to create policy and engages in advocacy on vision-driven issues and topics of special interest to public hospital districts.

IV. GOALS & OBJECTIVES OF THE WTE

Goals

The overall impact of the WTE will result in:

- 1) Increased affordable access to telehealth services by hospitals and clinics in rural and underserved communities.
- 2) Improved ability among rural and medically underserved communities to effectively access and utilize telehealth services.
- 3) Sustainable value for all WTC members by interconnecting and enhancing existing telehealth networks in Washington State with the longer-term goal of linking to regional and national telehealth networks and vendors.
- 4) Leveraging telehealth services to make healthcare more effective and less expensive for all Washingtonians, especially those in medically underserved areas.

Objectives

Objectives of the Washington Telehealth Consortium to achieve the stated goals of the WTE include:

- 1) The design and implementation of a statewide telehealth network that takes-into-account and overcomes barriers (geographical, technological, financial, etc.) faced by hospitals and clinics in rural and underserved areas of Washington State.
- 2) The creation and launch of the WTE Web Portal resulting in the increased capacity of rural and medically underserved communities to identify and access much needed telehealth services and content.
- 3) Designing a model for the equitable interconnection of public and private networks with the aim of facilitating continued collaborative efforts and enhancing the performance of these telehealth networks in service delivery across Washington State. Additionally, the WTE Web Portal will increase the ability of Washington's telehealth networks to reach members of their target market who may have been previously inaccessible due to geographic and technological boundaries.
- 4) Designing and implementing a comprehensive statewide network, creating the WTE Web-Portal, and interconnecting disparate telehealth networks in Washington State, resulting in improved health care outcomes for citizens of Washington State by creating efficiencies in the delivery and cost effectiveness of healthcare. Healthcare consumers from rural and underserved communities often encounter limited local healthcare options, which results in either deferred medical care or costly travel. Deferred medical care can create potential for acute medical conditions and/or chronic health problems. Travel for medical care creates non-reimbursable individual costs as well as broader community losses. Deferred medical care and expensive medical-related travel are both inconvenient and potentially harmful to patients.

V. WTE PHASE 1 TOTAL COSTS

Estimated Project Costs for Phase 1

Funding requested from the FCC for:

<u>Description</u>	<u>Eligible</u>	<u>Not Eligible</u>	
○ Administrative		\$49,630	
○ Research & Design Activities	\$288,750		
○ WTE Interconnection Point	\$217,158		
○ WTE Web Portal	\$141,600		
○ Public / Private Network Collaborative Model	\$160,000		PROJECT TOTAL
TOTAL	\$807,508	\$49,630	\$857,138

Please note:

- AWPHD will contribute \$49,630 (5.8% of project total) to cover the ineligible funds.
- AWPHD will provide \$121,126 (15% of eligible project total) as match.
- Total Requested from FCC is \$686,382 (85% of eligible project total).

VI. FOR-PROFIT PARTICIPATION

Creating and fostering increased levels of competition in Washington's telehealth market will result in more and less expensive telehealth service and application choices for hospitals and clinics in rural and underserved communities. As well, broadening the telehealth market will give telehealth providers more financial incentive to serve the niche market needs of rural hospitals.

Access to telehealth resources on a statewide basis will assist rural hospitals and clinics in identifying, recruiting, and retaining qualified physicians, clinical specialists, and technicians that offer the delivery of their services via telehealth methods.

Although membership to the Washington Telehealth Exchange statewide network is open to all relevant and interested healthcare organizations in Washington State, only non-profit entities will receive subsidy or financial assistance in connecting to the network architecture.

For-profit network participants will be required to fund their own access to the WTE Interconnection point as part of Phase I. Depending on ultimate network design results, for-profit network participants will not be eligible to receive any subsidy in funding their connection to the proposed statewide network in Phase II. Additionally, for-profit network participants may pay higher membership fees than their non-profit counterparts.

VII. FINANCIAL SUPPORT: SOURCES / ANTICIPATED REVENUE

The estimated recurring annual cost to sustain Phase 1 activities (beyond Year 1) is \$30,240, which will be covered by a nominal annual WTE Member subscription incurred by the participating telehealth networks. The WTC will seek funding on the behalf of the participating telehealth networks to reduce or complete off-set these subscription fees. The viability of the WTE will depend on the WTC's ability to provide value to its members and incentive for continued collaboration.

VIII. HEALTHCARE FACILITIES

126 healthcare facilities in Washington State will benefit from the Phase 1 of the WTE Plan. Each is listed in the following tables. The organization's name, address, city, zip code, phone, and RUCA code are included for each listed facility

	Organization	Address	City	Zip Code	Phone	RUCA
1	Caribou Trail Professional Medical Services	520 W Indian Ave.	Brewster	98812	(509) 689-4000	10
2	Caribou Trail Professional Medical Services	529 Jasmine St.	Omak	98841	(509) 826-6704	7
3	Cascade Medical Center #	817 Commercial Street	Leavenworth	98826	(509) 548-5815	10.4
4	Central Washington Hospital	1201 South Miller Street	Wenatchee	98801	(509) 662-1511	1
5	Children's Hospital & Regional Medical Center	4800 Sand Point Way NE	Seattle	98105	(206) 987-2000	1
6	Clallam Bay Medical Clinic	74 Bogachiel St	Clallam Bay	98326	(360) 374-6998	10
7	Clallam County Department of Health and Human Services	223 E 4th St	Port Angeles	98362	(360) 417-2303	4
8	Columbia Basin Hospital *	200 Nat Washington Way	Ephrata	98823	(509) 754-4631	7.4
9	Columbia Valley Community Health Clinic	600 Orondo Avenue, Ste 1	Wenatchee	98801	(509) 662-6000	1
10	Coulee Community Hospital *	411 Fortuyn Road	Grand Coulee	99133	(509) 633-1753	10
11	Coyote Ridge Corrections Center	1301 N Ephrata Ave	Connell	99326	(509) 543-5800	7.3
12	Dayton General Hospital *	1012 S. Third Street	Dayton	99328	(509) 382-2531	7.4
13	Deaconess Behavioral Medicine	800 W 5th Avenue	Spokane	99204	(509) 458-5800	1
14	Deaconess Medical Center	800 West Fifth Avenue	Spokane	99204	(509) 458-5800	1
15	Deaconess Regional Hyperberic and Comp Wound Care Center	800 W 5th Avenue	Spokane	99204	(509) 458-5800	1
16	Deer Park Hospital *	1015 E. D Street	Deer Park	99006	(509) 382-2531	2
17	Enumclaw Regional Hospital *	1450 Battersby Avenue	Enumclaw	98022	(360) 825-2505	1
18	Family Medicine Spokane / Internal Medicine	104 W 5th Avenue	Spokane	99204	(509) 624-2313	1
19	Ferry County Memorial Hospital *	36 Klondike Road	Republic	99166	(509) 775-3333	10
20	Forks Community Hospital *	530 Bogachiel Way	Forks	98331	(360) 374-6271	7
21	Fred Hutchinson Cancer Research Center	1100 Fairview Ave. N.	Seattle	98109	(206) 667-5000	1
22	Garfield County Public Hospital *	66 North 6th St.	Pomeroy	99347	(509) 843-1591	10.4

	Organization	Address	City	Zip Code	Phone	RUCA
23	Grays Harbor Community Hospital	915 Anderson Drive	Aberdeen	98520	(360) 537-5000	4
24	Grays Harbor County Public Health & Social Services Dept.	2109 Sumner Ave	Aberdeen	98520	(360) 532-8631	4
25	Harborview Medical Center	325 Ninth Avenue	Seattle	98104	(206) 731-3000	1
26	Harrison Medical Center	2520 Cherry Avenue	Bremerton	98310	(360) 377-3911	1
27	Healthy Options Home Health	657 Okanogan Avenue	Wenatchee	98801	(509) 663-9585	1
28	Highline Medical Center/Specialty Campus	12844 Military Road South	Tukwila	98168	(206) 244-0180	1
29	Holy Family Hospital	5633 North Lidgerwood St.	Spokane	99208	(509) 482-0111	1
30	Inland Imaging / Duvoisin & Associates	501 N Riverpoint	Spokane	99202	(509) 363-7300	1
31	Inland Northwest Blood Center	210 W Cataldo Ave	Spokane	99201	(509) 232-4492	1
32	Inter Island Medical Center	550 Spring St.	Friday Harbor	98250	(360) 378-2141	10
33	Island Hospital	1211 24th	Anacortes	98221	(360) 299-1300	4.2
34	Jefferson Healthcare #	834 Sheridan Avenue	Port Townsend	98368	(360) 385-2200	7
35	Jefferson Mental Health Services	884 W. Park Street	Port Townsend	98368	(360) 385-2200	7
36	Kennewick General Hospital	900 South Auburn	Kennewick	99336	(509) 586-6111	1
37	Kitsap Mental Health	5455 Almira Drive NE	Bremerton	98311	(360) 692-1582	1
38	Kittitas Valley Community Hospital *	603 S Chestnut	Ellensburg	98926	(509) 962-9841	4
39	Klickitat Valley Heath *	310 S. Roosevelt Box 5	Goldendale	98620	(509) 773-4022	7
40	Lake Chelan Clinic, P.C. #	219 E. Johnson	Chelan	98816	(509) 682-2511	7.3
41	Lake Chelan Community Hospital *	503 E. Highland	Chelan	98816	(509) 682-3300	7.3
42	Lincoln Hospital *	10 Nicholls Street	Davenport	99122	(509) 725-7101	10.4
43	Makah Tribe - Indian Health Services Clinic	PO Box 115	Neah Bay	98357	(360) 645-2201	10
44	Mark Reed Hospital *	322 South Birch Street	McCleary	98557	(360) 495-3244	3
45	Mason General Hospital *	901 Mt. View Dr., Bldg. 1	Shelton	98584	(360) 426-1611	4.2
46	Medical WAN	285 Technology Center Way	Wenatchee	98801	(509) 669-1030	1
47	Mid-Valley Hospital *	810 Jasmine	Omak	98841	(509) 826-1760	7
48	Mid-Valley Medical Group Clinic #	529 Jasmine St	Omak	98841	(509) 826-1600	7
49	Morton General Hospital *	521 Adams Street	Morton	98356	(360) 496-5112	10.5
50	Mount Carmel Hospital *	982 East Columbia	Colville	99114	(509) 684-2561	8
51	Newport Hospital & Health Services *	714 West Pine	Newport	99156	(509) 447-2441	2
52	North Central EMS	135 S Worthen Ave Ste 300	Wenatchee	98801	(509) 664-4032	1

	Organization	Address	City	Zip Code	Phone	RUCA
53	North Valley Hospital *	203 S. Western Avenue	Tonasket	98855	(509) 486-2151	10.6
54	Northwest Medstar	6315 E. Rutter	Spokane	99212	(509) 536-5462	1
55	Northwest TeleHealth	601 W 1st Ave	Spokane	99201	(509) 232-8100	1
56	NW Neurological / NW Collaborative Care	507 S. Washington	Spokane	99204	(509) 458-7720	1
57	Ocean Beach Hospital *	174 First Ave. North	Ilwaco	98624	(360) 642-3181	7
58	Odessa Memorial Healthcare Center *	502 E. Amende	Odessa	99159	(509) 982-2611	10.4
59	Okanogan Douglas District Hospital *	507 Hospital Way	Brewster	98812	(509) 689-2517	10
60	Okanogan Regional Home Health and Hospice	800 South Jasmine	Omak	98841	(509) 422-6721	7
61	Olympic Medical Cancer Center	844 N. Fifth Ave.	Sequim	98382	(360) 683-9895	7.4
62	Olympic Medical Center	939 Caroline Street	Port Angeles	98362	(360) 417-7000	4
63	Omak Clinic (Wenatchee Valley Clinic) #	916 Koala Dr.	Omak	98841	(509) 826-2109	7
64	Othello Community Hospital *	315 North 14th	Othello	99344	(509) 488-2636	7
65	Partners with Families and Children	613 S Washington St.	Spokane	99204	(509) 473-4827	1
66	Pend Oreille County Counseling Services	105 S Garden Ave	Newport	99156	(509) 447-5651	2
67	Peninsula Mental Health	118 East 8th Street	Port Angeles	98362	(360) 457-0431	4
68	Prosser Memorial Hospital *	723 Memorial Street	Prosser	99350	(509) 786-2222	7.3
69	Providence Services (Administrative)	9 E. 9th Avenue	Spokane	99202	(509) 474-7337	1
70	Pullman Regional Hospital *	835 SE Bishop Blvd.	Pullman	99163	(509) 332-2541	4
71	Quileute Tribal Health Clinic	560 Quileute Hts	La Push	98350	(360) 374-5700	7
72	Quincy Valley Medical Center *	908-10th Ave SW	Quincy	98848	(509) 787-3531	7
73	Sacred Heart Children's Hospital	101 West Eighth Avenue	Spokane	99204	(509) 474-4841	1
74	Sacred Heart Medical Center	101 West Eighth Avenue	Spokane	99204	(509) 474-3040	1
75	Sacred Heart Providence Neuroscience Center	101 West Eighth Avenue	Spokane	99204	(509) 474-3081	1
76	Sacred Heart Women's Health Center	101 West Eighth Avenue	Spokane	99204	(509) 474-2400	1
77	Seattle Cancer Care Alliance	825 Eastlake Ave E,	Seattle	98109	(206) 288-7222	1
78	Shriners Hospital for Children	911 West Fifth Avenue	Spokane	99204	(509) 455-7844	1
79	Skagit Valley Hospital	1415 E. Kincaid	Mount Vernon	98273	(360) 424-4111	1
80	Skyline Hospital *	211 Skyline Drive Box 99	White Salmon	98672	(509) 493-1101	4
81	Spokane Department of Human Services	808 W. Spokane Falls Blvd	Spokane	99201	(509) 625-6130	1

	Organization	Address	City	Zip Code	Phone	RUCA
82	Spokane Family Medicine	104 West 5th, Suite 200W	Spokane	99204	(509) 624-2313	1
83	Spokane Veterans Affairs Medical Center	4815 N Assembly	Spokane	99205	(509) 434-7000	1
84	St. Joseph Hospital	2901 Squalicum Parkway	Bellingham	98225	(360) 734-5400	1
85	St. Joseph's Hospital *	500 East Webster	Chewelah	99109	(509) 935-8211	10
86	St. Luke's Rehabilitation Institute	711 South Cowley Ave	Spokane	99202	(509) 473-6298	1
87	St. Mary Medical Center	401 W. Poplar, Box 1477	Walla Walla	99362	(509) 525-3320	4
88	Sunnyside Community Hospital *	1016 Tacoma Avenue	Sunnyside	98944	(509) 837-1500	4.2
89	Tri-State Memorial Hospital *	1221 Highland Ave.	Clarkston	99403	(509) 758-5511	1
90	United General Hospital *	2000 Hospital Drive	Sedro-Woolley	98384	(360) 856-6021	1
91	University of Washington Medical Center	1959 N.E. Pacific Street	Seattle	98195	(206) 598-3300	1
92	UW Eastside Specialty Center	1700 116th Avenue NE	Bellevue	98004	(425) 646-7777	1
93	UW Hall Health	University of Washington, E. Stevens Circle, Box 354410	Seattle	98195	(206) 685-1011	1
94	UW Medical Center at Roosevelt	4245 Roosevelt Way NE	Seattle	98105	(206) 598-5566	1
95	UW Medicine Neighborhood Clinic - Auburn	923 Auburn Way North	Auburn	98002	(253) 333-9000	1
96	UW Medicine Neighborhood Clinic - Belltown	2505 2nd Ave., Suite 200	Seattle	98121	(206) 443-0400	1
97	UW Medicine Neighborhood Clinic - Factoria	13231 SE 36th Street	Bellevue	98006	(425) 957-9000	1
98	UW Medicine Neighborhood Clinic - Federal Way	32018 23rd Ave. South	Federal Way	98003	(253) 839-3030	1
99	UW Medicine Neighborhood Clinic - Issaquah	1455 11th Ave. NW	Issaquah	98027	(425) 391-3900	1
100	UW Medicine Neighborhood Clinic - Kent / Des Moines	23213 Pacific Highway South	Kent	98032	(206) 870-8880	1
101	UW Medicine Neighborhood Clinic - Shoreline	1355 North 205th St.	Shoreline	98133	(206) 542-5656	1
102	UW Medicine Neighborhood Clinic - Woodinville	17638 140th Ave. NE	Woodinville	98072	(425) 485-4100	1
103	UW Medicine Regional Heart Center - Alderwood	18631 Alderwood Mall Parkway	Lynnwood	98037	(425) 774-8251	1
104	UW Nursing Education	1959 NE Pacific Street	Seattle	98195	(206) 598-4741	1
105	UW Sports Medicine Clinic	3850 Montlake Blvd NE	Seattle	98195	(206) 543-1552	1

	Organization	Address	City	Zip Code	Phone	RUCA
106	Valley Hospital and Medical Center	12606 E. Mission Avenue	Spokane Valley	99216	(509) 924-6650	1
107	Veteran's Administration Puget Sound Health System	1660 South Columbian Way	Seattle	98108	(206) 762-1010	1
108	Virginia Mason Bellevue	222 112th Ave. N.E.	Bellevue	98004	(425) 637-1855	1
109	Virginia Mason Central Offices (Administrative)	1100 Ninth Ave.	Seattle	98101	(206) 624-1144	1
110	Virginia Mason Federal Way	33501 First Way. S.	Federal Way	98003	(253) 838-2400	1
111	Virginia Mason Issaquah	100 N.E. Gilman Blvd.	Issaquah	98027	(425) 557-8000	1
112	Virginia Mason Kirkland	13014 120th Ave. N.E.	Kirkland	98034	(425) 814-5100	1
113	Virginia Mason Lynnwood	19116 33rd Ave. W.	Lynnwood	98036	(425) 712-7900	1
114	Virginia Mason Sand Point Pediatrics	4575 Sand Point Way N.E.	Seattle	98105	(206) 525-8000	1
115	Virginia Mason Seattle Main Clinic / Hospital	1100 Ninth Avenue	Seattle	98111	(206) 223-6600	1
116	Virginia Mason Sports Medicine Clinic	904 Seventh Ave.	Seattle	98104	(206) 223-6487	1
117	Virginia Mason Winslow	380 Winslow Way E.	Bainbridge Island	98110	(206) 842-5632	1
118	Walla Walla Department of Human Services	1520 Kelly Place	Walla Walla	99362	(509) 527-3278	4
119	Washington Department of Health	101 Israel Road SE	Tumwater	98591	(360) 236-4030	10.5
120	Washington State Penitentiary	1313 N. 13th Ave.	Walla Walla	99362	(509) 525-3610	4
121	Wenatchee Valley Medical Center	820 North Chelan Avenue	Wenatchee	98801	(509)663-8711	1
122	Wenatchee Valley Oroville Clinic	1617 Main St	Oroville	98844	(509) 476-3631	10
123	West End Outreach Services	530 Bogachiel Way	Forks	98331	(360) 374-6177	7
124	Whitman Hospital & Medical Center *	1200 West Fairview	Colfax	99111	(509) 397-3435	7.4
125	Willapa Harbor Hospital *	800 Alder Street	South Bend	98586	(360) 875-5526	7
126	Yakima Community Services	1002 N. 16th Ave	Yakima	98902	(509) 225-6100	1

IX. PREVIOUS EXPERIENCE / DEVELOPMENT & MANAGING TELEMEDICINE PROGRAMS

The **AWPHD** has deep knowledge and extensive experience in serving rural hospitals throughout Washington State. Participants in the WTC each have extraordinary knowledge and experience in virtually every health and communications challenge that Washington State has faced. The WTC represents, perhaps, the best and the brightest in telehealth. By capitalizing on the expertise of the WTC partners, the design study can maximize the opportunities for a successful, affordable, sustainable and well used network that brings an unprecedented level of service and healthcare access to rural Washington.

Forks Community Hospital

Forks Community Hospital is a 15-bed acute care inpatient facility and 20-bed long-term care facility serving approximately 11,500 residents of western Clallam and Jefferson counties (the "West End"). The West End is isolated from the rest of the Olympic Peninsula by the vast land holdings of Olympic National Park, Olympic National Forest, and the State of Washington's Department of Natural Resources. It is also home to three Native American tribes, the Hoh, Quileute, and Makah.

The hospital has a surgical suite and performs limited inpatient and outpatient surgical procedures, obstetrical services, radiology, mammography and ultrasound, laboratory services, physical rehabilitation services, a Health Resource Center, and a volunteer ambulance service. The hospital also has three Level IV trauma rooms

As part of the Clallam County Hospital District #1, Forks Community Hospital administers the North Olympic Telehealth Network and is a "champion participant" in the Western Washington Rural Healthcare Collaborative (WWRHCC).

The North Olympic Telehealth Network serves providers and residents in **two rural counties on the Olympic Peninsula and consists of 11 sites representing community mental health centers, healthcare providers, and other health, education, and social services agencies.**

Telehealth services provided focus on health provider education, mental health and substance abuse services, and primary healthcare services. The North Olympic Telehealth Network has been successful in expanding access to mental health services for rural residents in the project service area and connects rural communities to services that would otherwise not be available in a convenient and timely manner. As well, the network has succeeded in recruiting and retaining providers by creating opportunities for them to interact with their peers and to access educational programs.

Although the North Olympic Telehealth Network continues to operate successfully, inadequate reimbursement mechanisms force members to use operational budgets to sustain the system.

GCI

ConnectMD is a private medical network, owned and managed by GCI, which consists of clinics, hospitals, and medical corporations that can securely exchange information.

By enabling direct connections to members of the medical network and providing access to a suite of health IT tools and services, ConnectMD empowers members to provide better patient care through improved business operations.

MedicalWAN, a network service provider recently acquired by GCI, serves a multi-site medical network spanning from Western to Eastern Washington. With GCI's investment, the ConnectMD network of

connected facilities expands to provide customers with access to a suite of medical services and connections to over 140 clinics, hospitals, and medical corporations across Washington and Alaska.

Garfield County Memorial Hospital

Garfield County Memorial Hospital is a Level V Trauma Care, Critical Access Hospital. The hospital features a new emergency room that opened to the community in August 2000. Emergency Care is available 24 Hours a day 7 days a week by Trauma Certified Physician, Nurse Practitioner and Registered Nursing Staff.

The hospital provides in-patient acute care and observation. Garfield County Memorial Hospital was the first designated Critical Access Hospital in the state of Washington.

Garfield County Memorial Hospital utilizes telehealth services and applications to support and bolster the level of healthcare it provides to the community it serves.

Inland Northwest Health Services (INHS)

Inland Northwest Health Services (INHS), a 501(c)(3) organization, is a recognized leader in innovative and collaborative healthcare solutions.

INHS has developed a large multi-state telehealth and videoconferencing network, Northwest TeleHealth, which uses the latest technology to provide remote consultations and other clinical services, as well as clinical and educational programs. Using industry standard video conferencing technology Northwest TeleHealth bridges the distance between member locations throughout the Inland Northwest. Currently, Northwest TeleHealth connects over 60 sites in 32 cities scattered throughout Washington and Idaho, with the primary concentration in central and eastern Washington. These locations are independent health care facilities that include regional medical centers, rural hospitals and clinics, mental health facilities, physicians' offices, and several pilot sites in corrections facilities and Indian Health. By transmitting live video, voice and data, Northwest TeleHealth makes it possible for a variety of programs to occur that allow patients, physicians, administrators and health care educators to interact and share information.

All Northwest TeleHealth member locations are connected via a private, secure Wide Area Network (WAN) operated by INHS. This network consists of fiber optic connections where available and T-1 lines where necessary to connect rural sites. A benefit of the WAN is that each member site can coordinate point-to-point calls or more complex multi-site meetings using a video conferencing bridge. H.323 and H.320 technologies allow connections across the WAN or externally via the Internet or Integrated Services Digital Network (ISDN) digital phone lines.

Northwest TeleHealth analysts can connect member sites to each other, as well as connecting them nationally or internationally. In 2006 Northwest TeleHealth hosted almost 2000 video conferencing events connecting sites from Minneapolis to the Aleutian Islands. Northwest TeleHealth technicians coordinate technical, operational support and event scheduling services across the system. A web page software tool allows sharing of a common schedule and links program providers with program participants throughout the region. Through this scheduling system sites communicate program offerings and can sign up for program events they need.

In addition INHS offers many other programs, including Information Resource Management, a health information technology service that currently operates an integrated hospital information system in 34 primarily rural hospitals in the region, as well as an integrated physician office electronic medical record system serving 38 clinics. INHS has leveraged the power of the hospital information systems and the telehealth network by creating rural outreach programs that utilize both technologies. TelePharmacy allows pharmacists at hospitals in Spokane to oversee pharmacy operations in rural hospitals, while

TeleER enables rural emergency room staff to seek telehealth consultations from trauma specialists in Spokane.

University of Washington Medicine

University of Washington's UW Medicine is nationally recognized for scientific research and training, physician education and exceptional patient care.

UW Medicine works to improve the health of the public by advancing medical knowledge, providing outstanding primary and specialty medical care to people of the region, and preparing tomorrow's physicians, scientists and other health professionals. The University of Washington Medical Center ranks first among public medical schools and second among all medical schools in federal research funding. In addition the UW Medical Center has been ranked as the top medical school for 13 consecutive years in training primary-care physicians, and has top-ranked academic programs in family medicine and rural health. Finally, the University of Washington Medical Center ranks 10th among America's best hospitals in *U.S. News & World Report's* honor roll.

The Telehealth Network in the UW School of Medicine partners with many healthcare providers in Washington State to deliver information, education and services. Currently the University of Washington Telehealth Network is used to facilitate administrative meetings, training, and case consultations. In addition, multi-point video teleconferencing is conducted by and between numerous hospitals and other telehealth networks throughout the State to provide educational conferences, training courses, and administrative meetings to largely rural and underserved communities.

University of Washington Medicine also partners with schools of medicine in the states of Wyoming, Alaska, Montana, and Idaho. WWAMI is an enduring partnership between the University of Washington School of Medicine and these states. The WWAMI program's purpose is to provide access to publicly supported medical education across the five-state region.

WWAMI focuses not only on medical students but on students in K-12, college students, medical school graduates in residency and physicians in community practice.

Virginia Mason Medical Center

Virginia Mason Medical Center an award-winning, private, not-for-profit organization offering a network of network of primary and specialty care clinics throughout the Puget Sound region and a hospital in Seattle that has telemedicine capabilities to provide both real-time and store-and-forward audio/video telecommunication. In addition, the program facilitates the transmission of medical information for both patient and provider education.

As a multi-specialty referral center, Virginia Mason enjoys a strong relationship with physicians in more rural locations. Opportunities are available for senior residents to work side-by-side with expert clinicians in rural Washington and Alaska. Many of these rural sites are connected the Virginia Mason Medical Center through the telemedicine outreach program and satellite system.

Virginia Mason Medical Center is boosting its investment in technology by utilizing GCI's ConnectMD service to strengthen its relationships with physicians and clinicians throughout Washington and Alaska. Using the secure, managed medical network service, Virginia Mason offers Grand Rounds, Continuing Medical Education (CME), and other educational courses via videoconferencing to healthcare workers in urban and remote areas of both states.

Washington State Hospital Association (WSHA)

The Washington State Hospital Association is a membership organization representing community hospitals and several health-related organizations. Today, there are 98 community hospitals in Washington State.

The association provides issues management and analysis, information, advocacy and other services. Most recently, the membership developed the Health Work Force Institute to expand the labor work force for health institutions, and in 2005 launched the Patient Safety program to help hospitals improve patient safety by supporting the adoption of common, evidence-based protocols that have been proven to save lives. WSHA works to improve the health of the people of the state by becoming involved in all matters affecting the delivery, quality, accessibility, affordability and continuity of healthcare.

X. PROJECT MANAGEMENT

A. Project Leadership

Overall leadership of the WTC and management of FCC Grant Funding will be provided by Jeff Mero, Executive Director of the Association of Washington Public Hospitals Districts (AWPHD).

Association of Washington Public Hospital Districts (AWPHD) – APPLICANT

The Association of Washington Public Hospital Districts has served as the trade association for Washington State's public hospital districts since 1952, first as an unincorporated association and since 1998 as a non-profit corporation. Each of the member public hospital districts is a governmental entity created by state law and each public hospital district is governed by a board of publicly elected commissioners.

The Association's activities can generally be divided into two categories: education and advocacy.

The Association's educational activities focus on the unique characteristics of being a governmental entity and improving the delivery and accessibility of healthcare in hospital district communities. The Association provides members with updates of changes in state and federal law likely to impact public hospital districts.

The Association also provides an opportunity for members to expand their capabilities as hospital district administrators and board members by providing a forum for networking with their peers. Those networking opportunities permit the administrators and board members to learn from others' experience and promote cooperative activities and affiliations among different public hospital districts.

The Association engages in advocacy in order to promote: (1) increased accessibility to and affordability of healthcare services; and (2) improved health status of communities throughout Washington State. The Association works to create policy and engages in advocacy on vision-driven issues and topics of special interest to public hospital districts.

B. Management Structure

Management of WTE's Phase 1 development plan will be provided by WTC's Steering Committee, chaired by Jeff Mero. This committee, comprised in part of representatives from all participating telehealth networks, will oversee the work defined in the project plan. Actual work will be conducted by a combination of technical and administrative staff persons from each participating telehealth network as well as contracted experts and technicians. The AWPHD will be the fiscal responsible agent for the project as proposed for Phase 1.

Following Phase I, as the final network design is implemented, it is anticipated that Washington Telehealth Consortium (WTC) members will elect and form a Governance Board that functions as the central decision-making body and provides oversight in all activities undertaken over the statewide Washington Telehealth Exchange (WTE) network. Dedicated staff from partner organizations will report to the Board and a shared budget will support project staff and activities.

As well, it is anticipated that a separate organization will be identified through an RFP process to provide support and coordination for network operations, administration, provisioning and maintenance (OAP&M), in addition to other shared network resources including; value-added services hosted on the Washington Telehealth Exchange Network Portal and maintenance/update of WTE Portal interface and related equipment. Once the services of this organization are secured, it will report to the WTC Governance Board.

C. The WTE Work/Project Plan: A Phased Approach

The WTE's proposal seeks funding for a comprehensive network design study which will be Phase 1 of WTE's multi-phased design, deployment and utilization plan. A brief description of the Phase 1 network design study is provided here along with a sketch of the broader phases of the WTE plan for the purpose of setting a context for the proposed network design study. A more defined description of Phase 1 (i.e., the plan for which funding is currently requested) is provided in Section 3: Project Management Plan. The WTC expects to apply in Year 2 for additional funding from the RHC Pilot Program, and will also request funding from other appropriate federal, state and private sources.

In Phase 1, the WTC will engage in research, development and design activities that produce the following results:

1. A comprehensive **Statewide Network Design** that provides affordable, scalable, access to telehealth services for a broad range of rural healthcare facilities including organizations that are currently members of telehealth networks and especially for those organizations that are not yet connected due to lack of access to sufficient bandwidth (geographic or financial reasons) and/or lack of knowledge and understanding.
2. An applied model for telehealth information exchange across the private-public network boundaries that complies with existing federal and state regulations and resolves settlement issues regarding the exchange of fee-based services and information.
3. A scalable web portal providing a directory of telehealth services from all participating telehealth networks, a master calendar for scheduling telehealth events across telehealth boundaries, and a basic video conferencing scheduling system. The portal will facilitate information sharing throughout the network design study by being the central repository for network information, WTC/WTE progress reports and dialog between study participants.
4. Construction and installation of an interconnection point for all participating telehealth networks.

The Phase 1 network design study for the WTE development is carefully crafted to lead to the fulfillment of the **“big picture vision”** which was put forward by the WTC participants.

The creation of an “interconnected, interoperable statewide telehealth system” which addresses the needs of Washington State’s rural hospitals and clinics. In order to ameliorate barriers and create value for all stakeholders, the WTC desires to create an open, robust, multi-purpose telehealth and information network available to all health service vendors, hospitals and health care clinics operating in Washington State. The WTE will be built on the foundation of existing telehealth and information networks, taking the form of a fully interconnected and interoperable “network of networks” linked by standardized protocols for data sharing and exchange. A network backbone will be constructed by leveraging currently existing and available high-bandwidth capacity infrastructure assets in addition to building new infrastructure as necessary. Analogous to an information highway, the WTE will provide an accessible platform for content and service provision and inter-institutional collaboration and access to global medical resources through Internet2 and other advanced networks. Vendors (i.e. participating telehealth networks) will be able to “sell” their various content and services through the network, allowing consumers (i.e. hospitals and clinics) the opportunity to pick and choose from available products or become a full member of a private telehealth network. Because the network is open, hospitals and clinics will use WTE to share data, conduct point-to-point and multi-point communications, and distribute their own fee-based services. To access WTE, consumers (i.e., hospitals and clinics) and vendors must procure their own network connection (which may be initially subsidized through grant funding with ongoing subsidy possible through USAC for qualifying institutions) and pay a network membership fee, which goes into a central operating fund to cover the expenses of a third-party to manage network traffic, set network policies, and provide technical support to network members. Because of the WTE, hospitals and clinics in rural and

underserved communities will have the opportunity to both provide and receive specialty services, resulting in increased quality of care and convenience to their patients.

To achieve this “big picture vision”, additional phases of the WTE development will focus on the following set of activities that purposely build on the foundation established during Phase 1 – **please note that these activities are not part of the current proposal; descriptions of the activities are provided for context only.**

1. Based on the **Statewide Network Design** produced in Phase 1, a series of WTE aggregation points will be strategically dispersed throughout Washington State that will increase the availability of access for currently disconnected hospitals and medical clinics.
2. Based on the model for exchanging sensitive information across private-public network boundaries produced in Phase 1, a structure of **network protocols and settlement agreements** will be enacted to comply with HIPPA requirements and allay organizational concerns about the exchange of fee-based services and information.
3. The **WTE Web Portal** established in Phase 1 will be expanded to provide a “click-through” directory of telehealth specialist and an advanced video conferencing scheduling system
4. Building on the interconnection system and the model for information exchange across the private-public network boundary established in Phase 1, the interoperability of all participating telehealth networks will be expanded to include high demand fee-based telehealth services and applications, including the exchange of electronic medical records.
5. Development and implementation of an end-user stakeholder outreach effort designed to educate disconnected hospitals and clinic and conduct site assessments for hospitals and clinics serving rural and medically underserved areas.
6. Leverage the Internet2, the National LambdaRail and Northwest GigaPOP to align with other regional and national telehealth initiatives, thus enabling natural connections with Alaska, California, Idaho, Montana, and Oregon.

This proposed project seeks funding for the Phase 1 network design study of WTE’s multi-phase development and deployment. Below, the specific work plan for the Phase 1 network design study is described.

Phase 1 of WTE’s development includes four major activities:

- 1) Research and design of a comprehensive Statewide Network Design for WTE.
- 2) Research and design of an applied model for the exchange of all types of telehealth information across the private-public network boundary.
- 3) Implementation of an interconnection point for all participating telehealth networks.
- 4) Implementation of a web portal designed to provide a directory of services, a master calendar of telehealth-related events across participating telehealth networks, and a basic videoconferencing scheduling system.

WTE Statewide Network Design

The network design study will evaluate options for a statewide network. During the WTC Planning Process (described in the Overview Section), the Network Design Task Group identified and investigated two viable models for a statewide telehealth network. These two plans were informally dubbed the “**I-90 model**” and the “**K20 model**.” While both models accomplish the stated task of rolling out an affordable access to all interested hospitals and clinics in Washington State, numerous complicating issues arose during closer analysis. The Network Design Task Group recommended that further study of both models

in addition to considering alternatives is needed to make the best choice for Washington State. The network design study will take the Task Group's preliminary work to the next level. Despite the need for further study, the task group did identify a common needed element for the success of either model: the interconnection of existing telehealth networks; therefore, one of the key elements of the Phase 1 design study is to focus on ways to reach the interconnection point upon which the eventual design of a statewide network can be built, whatever form or iteration is ultimately decided upon.

The **"I-90 model"** is essentially a peering model that includes a statewide backbone similar to Washington's Interstate 90, thus the unofficial title of the model. The "I-90 model" includes aggregation points, similar to I-90's on-ramps and off-ramps, within regions for access to the network and the transmission of traffic throughout the state. This model is very similar to the way that many large scale networks are constructed today, including the Internet, Internet2, Abilene, Lambda Rail, etc.

The "I-90 model" makes good use of existing telehealth networks by providing a method of interconnecting them at one or more points. Depending on the topology of those existing networks, they may be able to provide some of the backbone of the overall statewide network in addition to providing some of the aggregation points. New backbone and aggregation points would likely need to be created to service portions of the state that are currently underserved and when comparing end points the existing Telehealth Network operators may find areas of common need that could be better served with a new aggregation point at a lower overall cost.

Pros of the "I-90 model"

- Good use of existing network infrastructure and assets with extensive coverage
- Proven model for connecting networks and delivering content
- With well placed aggregation points this will shorten the local-loop length for accessing the network, thereby reducing the cost to connect
- Existing networks are working today (kinks are worked out)
- Clear support model and easy to troubleshoot
- Easy to apply a QoS/CoS model

Cons of the "I-90 model"

- Not all of the backbone exists today and would need to be funded, built, and operated
- Multiple operators require good communication and coordination for interconnection to work well
- Settlement model could be difficult to agree to for one operator to carry another operator's traffic
- Difficult to define and agree on an end-to-end QoS/CoS model
- Potential for interoperability issues due to what is likely a multi-vendor approach

The **"K20 model"** could overlay onto or be a part of "I-90 model" described above. In Washington State there is currently a network known as K20 and it serves as a long-haul network for the state's public education system (kindergarten through university, hence the name K20). Because the K20 is an existing network with a statewide backbone and multiple aggregation points (similar to the I90 model), telehealth traffic could be overlaid using different logical layers. K20 could be included in an I-90 model along with the existing networks. K20 provides both private content as well as Internet transit to its customers. The existing K20 network (i.e., the one used for public education) could also act as an aggregator and an outsourcer for the WTE.

The existing K20 network is a high speed fiber-optic based backbone spanning the entire state. From aggregation points throughout the state, K20 users connect via various telecommunications methods such as T1, DS3, OCn, and Ethernet. These access circuits are purchased under negotiated contracts for a very favorable rate from existing telecommunications carriers and are likely less expensive than current circuits used by Washington States disparate telehealth networks.

Pros of the “K20 model”

- Existing network throughout the state with strong legislative support
- Easily scaled in terms of capacity
- Defined settlement model for access and exchange of traffic
- Large number of users to help drive economies of scale

Cons of the “K20 model”

- Architected for a different type of traffic with different end user business models
- Overall governance
- May not support all traffic types currently carried or planned for by existing Telehealth operators
- Currently deployed technology may not support some desired features without significant capital expense

In Phase 1, the pros and cons of these two models, in addition to alternative models, will be more deeply studied by a group of network engineers from the participating telehealth networks, the K20 network and the private sector. It is expected that a hybrid between these two seemingly competitive options will be devised and implemented for the WTE.

Model for Exchange across Private-Public Network Boundaries

During the WTC Planning Process, the Network Design Task Group anticipated a significant barrier to implementing any statewide network: the issue of how private (closed) and public (open) networks will exchange telehealth information across their boundaries. In Washington State, there are no known solutions for this projected problem; therefore, the Network Design Task Group recommended that a model for facilitating an exchange across the private-public boundary. The network design study will consider various exchange models. Significant issues to be resolved by this model evaluation include:

- Protocols for tracking the origin of information needed to enable reimbursement and attribution should a piece of information require such.
- Translation protocols of all information types, which will require an investigation of current practices and standards.
- Data security and integrity issues, including the need for a list of rules for compliance with federal and state regulations
- Governance issues defining settlement arrangements and procedural rules.

When solved, this issue will be offered to other states and regions as a case study to be freely shared as a model for other budding statewide networks. Development of the private-public exchange model will require approximately three weeks of concentrated research and design effort from a small group of experts.

WTE Interconnection of Participating Telehealth Networks

Phase I operation of the WTE is facilitated by interconnecting participating telehealth networks at the Westin Building in Seattle. WTC members recognize that interconnection alone will not achieve the Washington Telehealth Consortium's vision to create an open, robust, multi-purpose telehealth and information network available to all health service vendors, hospitals and health care clinics operating in Washington State. However, the interconnection of Washington's telehealth networks is an essential step in creating a formal "network-of-networks" and will serve as the foundation of the statewide network and will be leveraged in the network research and design activities described in the WTE Phase1 plan. The immediate benefits of the proposed interconnection to site-level network participants include access to a variety of Continuing Professional Education content and access to a larger variety of specialty clinical telehealth applications. Also, interconnection will enhance the performance and decrease the cost of statewide collaborative activities such as administrative videoconferencing.

The costs requested by the WTC to be covered by the RHC pilot program include the cost of co-location space, power, and some common equipment that members will connect to and maintenance of the connection. Figure 2 illustrates a schematic of the expected interconnected network of networks.

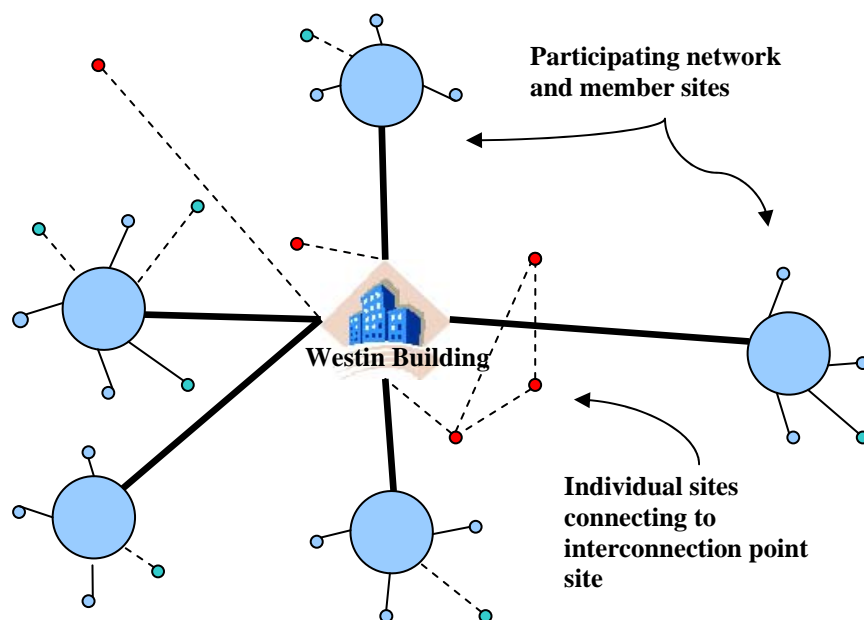


Figure 2: Schematic of the Phase 1 Interconnection Network of Networks

Additionally, many rural hospitals in Washington State choose to maintain multiple subscriptions to disparate telehealth networks in order to combat perceived service gaps and to maximize their telehealth experience. Due to the currently disconnected state of Washington's telehealth networks, multiple subscriptions require the maintenance and burdensome cost of multiple circuits. Interconnection will allow these hospitals to drop duplicative circuits, and require that hospitals maintain only enough circuits to provide adequate bandwidth. Cost savings realized from decreased telehealth connectivity charges can be used instead to purchase telehealth content and services.

Development of the WTE Interconnection Point will require approximately one week of a small group of engineers and technicians to install, configure and test the following equipment: Cisco 6509 Chassis, Supervisor 720-3b, 6748 48-port GigE SFP Line Card, Network Analysis Module-2, Single and Multi-mode fiber cross connectors, and additional support materials.

WTE Web Portal

The WTE is not a direct telehealth service and application provider. The WTE will not generate its own telehealth content, rather, the WTE aggregates the telehealth service and application market by bringing together Washington State's robust telehealth vendors (i.e. telehealth networks) in a common marketplace.

The WTE Web Portal will be an essential tool in facilitating business transactions between service and application vendors and telehealth service and application consumers (hospitals and clinics). The Web Portal is considered the gateway to Washington's "Telehealth Marketplace." This tool overcomes previous market penetration barriers faced by vendors and saves consumers valuable time and resources by centralizing telehealth service and application choices.

The provision of this service, telehealth content aggregation, maximizes the participation of WTE Members and the sharing of information among and between participants. The WTE Web Portal will provide a variety of resources and value-added services available to WTE Members. Today, there is no such service for Washington State and the Web Portal provides a platform from which the WTE network can evolve.

A publicly accessible homepage includes overviews of, and updates about, the WTE statewide network and the WTC and will also include information about membership opportunities. To move beyond the home page, users will have to log-in using a password to access the gateway to the telehealth marketplace where WTE Members can easily navigate through content and services offered by the interconnected WTE Member telehealth networks. Google-like search results will speed the navigation process. Advertising space on both the public and private portions of the WTE Web Portal will be sold to telehealth vendors and leveraged to drive down further the minimal operating costs of the portal.

Additionally, WTE Web Portal will be used as a collaborative tool in the network design study and will be a repository for research generated by the network design team, encouraging the sharing of information by and between study participants.

Via the Portal, WTE Members will have access to the following value-added services:

- **Directory of Services:** A searchable, database-driven Directory of Services will provide WTE Members with a list of free and fee-based telehealth services and applications that have been made available for use. This value-added service will assist member sites in identifying appropriate services and applications that are most needed by their hospital or clinic.
- **Master Calendar:** A searchable, database-driven Master Calendar will provide up-to-date information about trainings, continuing education opportunities, and meetings relevant to network members. Calendar events are populated both by network members and through coordinated dialogue with external organizations. The Master Calendar will provide a platform for WTE Members to find telehealth content that is most relevant to their needs and schedules.
- **Basic Videoconferencing Scheduling System:** A simple web-form will be used to request bridge connections within and across interconnected telehealth networks. As sessions are requested and scheduled, availability of bridge connections for given times and dates will be updated and posted on the WTE Web Portal.
- **Repository of Network Design Study information and network information:** The portal will be an indispensable tool of the network design study. It will offer study participants an opportunity to share information and data needs as well as be a repository for existing and to be developed network data.

The WTE Web Portal is designed to complement the Washington Telehealth Consortium's statewide telehealth research and design efforts and enhances the Phase I interconnection of WTE Member

telehealth networks by providing a visual and interactive interface that ties telehealth vendors and consumers together.

To develop the WTE Web Portal, approximately **500 hours of web design**, coding and equipment configuration will be required. Additionally, web application licenses for several products will be required, such as Salesforce, PHP and SQL; where possible, free software solutions such as Plone will be incorporated into the web portal design.

D. Schedule – Project Timeline

Assuming this project (Phase 1 of the WTE) is funded by September 1, 2007, a 12 month timeline will be used to implement the various activities. Should funding be granted at a different date (earlier or later), this timeline can be adjusted accordingly. Phase 1 of the WTE network design study is scheduled to be fully complete in one full calendar year. Once developed, the network design study will provide the blueprint for network deployment, utilization and sustainability. The network design study timeline is organized by month.

September 2007

- The WTC Steering Committee will meet face-to-face to review the full work plan and to develop RFP's for: 1) the construction of the Web Portal, 2) the formation of the special task group to develop the Private-Public Network Exchange Model, and 3) installation of the WTE Interconnection Point.
- The Network Design Task Group will be convened to prepare for a series of work sessions aimed to accomplish the following tasks: 1) frame the Statewide Network Design research process; 2) coordinate the installation process for the WTE Interconnection Point; and 3) provide input on the formation of a special task group to develop the Private-Public Network Exchange Model.
- The Governance Task Group will be convened to provide input on policy and settlement issues related to the formation of a special task group to develop the Private-Public Network Exchange Model.

October 2007

- RFP for the Web Portal construction will be released, proposals will be due end of October.
- RFP for the special task group to develop the Private-Public Network Exchange Model will be released, proposals will be due end of October.
- RFP for the Installation of the WTE Interconnection Point will be released, proposals will be due end of October.
- The Steering Committee will begin a series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- The Network Design Task Group will meet face-to-face for two days to begin the research and development of the Statewide Network Design.

November 2007

- The Steering Committee will substitute one of their regularly scheduled bi-weekly teleconferences with a face-to-face meeting to make final decisions on all three RFP processes. The Steering Committee will also meet once via teleconference for project management purposes.

- The AWP/HD will initiate contracts with all vendors chosen to work on the various aspects of Phase 1.
- The Network Design Task Group will meet face-to-face for a second two-day work session to continue the research and development of the Statewide Network Design.

December 2007

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- The special task group charged to develop the Private-Public Network Exchange Model will meet for the first 5-day work session to scope the problem.
- Vendors chosen to install and configure the WTE Interconnection Point will complete and present their work.
- The Network Design Task Group will meeting for a special one-day meeting at the Westin Building to test the newly installed and configured WTE Interconnection Point.
- Vendors chosen to design and construct the WTE Web Portal will begin their work.

January 2008

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- Vendors chosen to install and configure the WTE Interconnection Point will respond to any required modification determined by the Network Design Task Group.
- The Network Design Task Group will meet face-to-face for a third two-day work session to complete the research and development of the Statewide Network Design, which will be presented to the Steering Committee and the special task group charged to develop the Private-Public Network Exchange.
- Vendors chosen to design and construct the WTE Web Portal will complete and present their work to the Steering Committee and the Network Design and Governance Task Groups.
- The Network Design Task Group will begin a series of content delivery tests of Interconnection Point.
- The special task group charged to develop the Private-Public Network Exchange Model will meet for the second 5-day work session to map the solutions.

February 2008

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- The Network Design Task Group will refine and modify the WTE Network Design based on feedback from the Steering Committee and the special task group charged to develop the Private-Public Network Exchange.
- Vendors chosen to design and construct the WTE Web Portal will modify the portal based on feedback from the Steering Committee and the Network Design and Governance Task Groups.

- The special task group charged to develop the Private-Public Network Exchange Model will meet for the third 5-day work session to define and test their final model, which will be present to the Steering Committee and the Network Design and Governance Task Groups.

March 2008

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- The WTE Interconnection Point will be launched.
- The Network Design Task Group will develop a work plan and budget to implement the WTE Network Design.
- The special task group charged to develop the Private-Public Network Exchange Model will modify their final model based on feedback from the Steering Committee and the Network Design and Governance Task Groups.

April 2008

- The Steering Committee will substitute one of their regularly scheduled bi-weekly teleconference meeting with a face-to-face meeting to: 1) determine a launch plan for the WTE Web Portal, and 2) develop a plan to fund the implementation of the WTE Network Design.
- The WTE Web Portal will be launched.
- The Network Design Task Group will monitor the activities of the WTE Interconnection Point, making modifications as necessary.

May 2008

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- The activities of the WTE Web Portal will be monitored, needed modifications will be implemented by the Steering Committee and the Web Portal vendor.
- A request for Year 2 funding from the RHC Pilot Program will be assembled and submitted.

June 2008

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- Operations of the WTE Interconnection Point and Web Portal will be monitored and improved as necessary.

July 2008

- The Steering Committee will continue their series of bi-weekly teleconferences for the purpose of managing the progress of the Phase 1 project.
- Continued operations of the WTE Interconnection Point and Web Portal will be monitored and improved as necessary.

August 2008

- The Steering Committee will substitute one of their regularly scheduled bi-weekly teleconference meeting with a face-to-face meeting to prepare a report on the Phase 1 plan for the RHC Pilot Program.
- An assessment of the WTE Interconnection Point and Web Portal will be conducted and results will inform Year 2 activities.

E. Budget

	Total Project Funds	Ineligible Funds	Eligible Funds Requested from FCC	Eligible Funds Provided as Match
I. Administrative				
Labor				
Project Leadership: Jeff Mero	\$18,750	\$18,750		
Project Coordinator: Wendy Ray	\$10,500	\$10,500		
Travel				
AWPHD Project Management (in-state round trip with 1 overnight)	\$16,000	\$16,000		
Goods & Services				
Teleconferencing	\$3,600	\$3,600		
Printing	\$600	\$600		
Postal	\$180	\$180		
Total Administrative	\$49,630	\$49,630		
II. Research and Design Activities				
Release Time/Compensation				
Process Facilitation (WSU-CBDD)	\$120,000	\$0	\$102,000	\$18,000
Network Design Task Group Release Time	\$87,500	\$0	\$74,375	\$13,125
Steering Committee Release Time	\$43,750	\$0	\$37,187	\$6,5623
Travel				
Steering Committee (in-state round trip with 1 overnight)	\$15,000	\$0	\$12,750	\$2,250
Network Design Task Group (in-state round trip with 1 overnight)	\$17,500	\$0	\$14,875	\$2,625
Governance Task Group (in-state round trip with 1 overnight)	\$5,000	\$0	\$4,250	\$750
Total Consulting	\$288,750	\$0	\$245,438	\$43,313

	Total Project Funds	Ineligible Funds	Eligible Funds Requested from FCC	Eligible Funds Provided as Match
III. WTE Interconnection Point				
Sub-Contract				
Vendor(s) to install and configure Interconnection Point (RFP)	\$18,000	\$0	\$15,300	\$2,700
Equipment				
Co-location Rack/Cabinet	\$1,000	\$0	\$850	\$150
110V 30amp AC Power Feed	\$2,400	\$0	\$2,040	\$360
Single mode fiber cross-connect to meet-me	\$1,500	\$0	\$1,275	\$225
Multi-mode fiber cross-connect to meet-me	\$1,500	\$0	\$1,275	\$225
Cisco 6509 Chassis + Fan Tray	\$6,290	\$0	\$5,347	\$943
6509 3000W Power Supply	\$7,560	\$0	\$6,426	\$1,134
Supervisor 720-3b	\$35,280	\$0	\$29,988	\$5,292
6748 48-port GigE SFP Line Card	\$31,500	\$0	\$26,775	\$4,725
Single-mode LX SFP	\$60,192	\$0	\$51,163	\$9,029
Network Analysis Module-2	\$18,896	\$0	\$16,062	\$2,834
APC 6KVA 208V UPS	\$8,900	\$0	\$7,565	\$1,335
Services				
24x7x4 SmartNet Maintenance (annual)	\$9,500	\$0	\$8,075	\$1,425
Space Rental at Colo for Rack/Cabinet	\$6,000	\$0	\$5,100	\$900
Power for 110V 30amp AC Power Feed	\$8,640	\$0	\$7,344	\$1,296
Total WTE Interconnection Point	\$217,158	\$0	\$184,584	\$32,574
IV. WTE Web Portal				
Sub-Contract				
Vendor(s) to design and construct Web Portal (RFP)	\$60,000	\$0	\$51,000	\$9,000
Data Designer	\$60,000	\$0	\$51,000	\$9,000
Equipment				
Web Application Licenses	\$12,000	\$0	\$10,200	\$1,800
Video Conferencing Station (Polycom VSX 3000)	\$3,500	\$0	\$2,975	\$525
Services				
Registration for Domain Name (annual)	\$100	\$0	\$85	\$15
Web Hosting Services	\$6,000	\$0	\$5,100	\$900
Total WTE Web Portal	\$141,600	\$0	\$120,360	\$21,240

	Total Project Funds	Ineligible Funds	Eligible Funds Requested from FCC	Eligible Funds Provided as Match
V. Private-Public Network Exchange				
Sub-Contract				
Labor to develop the Private-Public Exchange (RFP)	\$160,000	\$0	\$136,000	\$24,000
Total Private-Public Network Exchange	\$160,000	\$0	\$136,000	\$24,000
VIII. Direct / Indirect Costs				
a. Direct Costs Associated with Project	\$857,138	\$49,630	\$686,382	\$121,126
b. Indirect Costs Associated with Project	\$0			
IX. Total Funds	\$857,138	\$49,630	\$686,382	\$121,126
Percent to Total Request	100%	5.79%	85%	15%
Eligible Expense	\$807,508		\$686,382	\$121,126
Percent – Eligible Expense	100%		85%	15%

F. Budget Narrative

The following narrative is for Year 1 of the WTE project.

I. Administrative

Labor

Leadership: Jeff Mero, Executive Director of the Association of Washington Public Hospital Districts (AWPHD) will dedicate approximately 15% of his time as the leader of the this project, which will cost **\$18,750** for Year 1.

Project Coordinator: Wendy Ray, the Assistant to the Executive Director of AWPHD will dedicate approximately 15% of her time as the project coordinator, which will cost **\$10,500**.

Travel

AWPHD staff (i.e., Jeff Mero and Wendy Ray) anticipates at least 16 in-state, overnight trips as part of their leadership and coordination duties in implementing this project. This travel includes on-site management travel and attendance of Steering Committee, Network Design, and Governance Task Group meetings at an average cost of \$500 per person, per trip. Total travel costs are expected to total **\$16,000**.

Goods & Services

AWPHD staff project the following administrative expenses related to the management of their leadership and coordination duties: teleconferencing, printing, and postage. Total management costs are expected to by **\$4,380**.

Total Administrative costs, all of which are ineligible for FCC funding and will be provided through the generous contributions of the AWPHD, are projected to be **\$49,630**. None of these funds are counted as match by the AWPHD, nor are any of these funds requested from the FCC.

II. Research and Design Study Activities

Release Time Compensation

Process Facilitation is expected to require approximately 2,000 hours at a rate of \$60 per hour. The outside facilitator will be responsible for the overall coordination of network design and planning functions ensuring deliverables are achieved in a timely fashion. The Project Management consultant will also provide project facilitation services ensuring meaningful stakeholder involvement in network development decisions throughout the Phase 1 process. Total cost for Process Facilitation is expected to be **\$120,000**.

Network Design is expected to require approximately 700 hours at a rate of \$125 per hour. Members of the Network Design Task Group with technical and network engineering expertise will provide research, analysis and development toward the development of a statewide solution to be implemented during Phase 2 of the WTE development (in Year 2). Total cost of the Network Design process is expected to be **\$87,500**.

The Steering Committee will be required to vet and approve governance and settlement issues related to the interoperability of the WTE. Approximately 350 hours at a rate of \$125 per hour will be required. Because the members of the Steering Committee are high level executives from the disparate telehealth networks in Washington State, compensation for release time is needed to ensure focused effort from this important group. Total cost for the Steering Committee process is expected to be **\$43,750**.

The WTC believes that funding these categories of activities which will be conducted by individuals with expertise outside of the WTC are within the letter and spirit of the Rural Health Care Pilot Program. These are not expenses which would be incurred in the ordinary management and administration of the WTC and should not be viewed as administrative. Alternatively, a waiver is being requested for the above services as this budget item is an essential component to the successful completion and conduct of a comprehensive network design study.

Travel

The Steering Committee, consisting of 6 people, will meet face-to-face at least 5 times during Year 1 requiring overnight, in-state travel at an average cost of \$500 per person, per trip. Total cost for Steering Committee travel is expected to be **\$15,000**.

The Network Design Task Group, consisting of 7 people, will meet face-to-face at least 5 times during Year 1 requiring overnight, in-state travel at an average cost of \$500 per person, per trip. Total cost for the Network Design Committee travel is expected to be **\$17,500**.

The Governance Task Group consisting of 5 people, will meet face-to-face at least 1 time during Year 1 requiring overnight, in-state travel at an average cost of \$500 per person, per trip. Total cost for the Network Design Committee travel is expected to be **\$5,000**.

A waiver is being requested for all consulting travel services as this budget item is an essential component to conduct the network design study.

Total Consulting costs, including release time and travel expenses, are projected to be **\$288,750**. As part of its match, the AWPHD will cover 15% of this cost, the remaining 85% of these cost are requested from the FCC.

III. WTE INTERCONNECTION POINT

Sub-Contract

An external vendor with the expertise to install and configure the WTE Interconnection Point will be required. It is expected that a qualified vendor will require 120 hours at a cost of \$150 per hour. Total cost for a vendor to set-up the WTE Interconnection Point will be **\$18,000**.

Equipment

Establishment of the WTE Interconnection Point will require the following list of equipment. Costs and quantities are included in the list.

<u>Item Description</u>	<u>Cost</u>	<u>Qty</u>	<u>Total</u>
Co-location Rack/Cabinet	\$1,000	1	\$1,000
110V 30amp AC Power Feed	\$1,200	2	\$2,400
Single mode fiber cross-connect to meet-me	\$1,500	1	\$1,500
Multi-mode fiber cross-connect to meet-me	\$1,500	1	\$1,500
Cisco 6509 Chassis + Fan Tray	\$6,290	1	\$6,290
6509 3000W Power Supply	\$3,780	2	\$7,560
Supervisor 720-3b	\$17,640	2	\$35,280
6748 48-port GigE SFP Line Card	\$15,750	2	\$31,500
Single-mode LX SFP	\$627	96	\$60,192
Network Analysis Module-2	\$18,896	1	\$18,896
APC 6KVA 208V UPS	\$4,450	2	\$8,900

Total equipment costs for the WTE Interconnection Point are projected to be **\$174,018**. These costs are not recurring.

Services

Beyond the vendor and equipment cost, a set of services will be required to support the WTE Interconnection Point. Below a list of these services are provided.

<u>Item Description</u>	<u>Cost</u>	<u>Qty</u>	<u>Total</u>
24x7x4 SmartNet Maintenance (annual)	\$9,500	1	\$9,500
Space Rental at Colo for Rack/Cabinet (month)	\$500	12	\$6,000
110V 30amp AC Power Feed (month)	\$720	12	\$8,640

Total service costs for the WTE Interconnection Point are projected to be **\$24,140** for Year 1. These costs will be recurring and are factored into the sustainability plan described in section XII below.

Total WTE Interconnection Point costs, including vendor cost, equipment costs and services, are projected to be **\$217,158**. As part of its match, the AWPFD will cover 15% of this cost, the remaining 85% of these cost are requested from the FCC.

IV. WTE WEB PORTAL

Sub-Contract

An external vendor with the expertise to design and construct the WTE Web Portal will be required. It is expected that a qualified vendor will require 600 hours at a cost of \$100 per hour. Total cost for a vendor to set-up the WTE Web Portal will be **\$60,000**.

An external vendor with expertise in data design will be required to aggregate the needed information for the WTE Web Portal. This vendor will also be charged with the task of populating the WTE Web Portal with the collected and refined information. It is expected that a qualified vendor will require 600 hours at a cost of \$100 per hour. Total cost for a vendor to design the data required for the WTE Web Portal will be **\$60,000**.

Equipment

Various web application licenses will be required to support the planned WTE Web Portal such as sales force database and PHP-based software products. Total cost for these licenses is projected to be **\$12,000**.

Because the WTE Web Portal will support basic teleconferencing coordination, a desktop videoconferencing unit for the WTC is required. The Polycom VSX 300 has been identified as the most compatible unit for this purpose at a cost of **\$3,500**.

Services

Because no WTE Web Portal domain exists, a new domain will be selected and registered at an annual cost of **\$100**. This is a recurring cost and is included in the sustainability plan for the WTE (see section XII below).

A web site hosting service will support the 24/7 operation of the WTE Web Portal at a cost of \$500 per month, which includes “on call” maintenance and service. Total annual cost for this service is expected to be **\$6,000**. This is a recurring cost and is included in the sustainability plan for the WTE (see section XII below).

Total WTE Web Portal costs, including vendor cost, equipment costs and services, are projected to be **\$141,600**. As part of its match, the AWPFD will cover 15% of this cost, the remaining 85% of these cost are requested from the FCC.

V. PRIVATE-PUBLIC NETWORK EXCHANGE

Sub-Contract

A team of 5 network and administrative experts familiar with telehealth issues will be assembled to assess the problem of exchanging information across the private-public network boundary, and to design and implement a feasible solution. This group will interact with the Steering Committee, the Network Design Task Group and the Governance Task Group in the design and implementation aspects of their work. We expect this work to require a total of 800 hours at a cost of \$200 per hour to accomplish this task. Total cost for devising and implement the private-public network exchange solution is projected to be \$160,000.

Total WTE private-public network exchange costs are projected to be **\$160,000**. As part of its match, the AWPFD will cover 15% of this cost, the remaining 85% of these cost are requested from the FCC.

XI. COORDINATION: STATE & REGIONALLY

The Washington Telehealth Consortium was formed with the intent of leveraging existing telehealth assets in Washington State, including existing disparate telehealth networks, infrastructure, and expertise in order to create a responsive statewide telehealth network.

To this end, components of the Washington Telehealth Exchange have been designed to build upon this existing telehealth foundation and offer support and coordination at state and regional levels.

A. Phase I Activities Funded by FCC RHC Pilot

WTE Interconnection of Participating Telehealth Networks

Immediate benefits of the proposed interconnection to site level network participants in Washington State include access to a variety of Continuing Professional Education content and access to a larger variety of specialty clinical telehealth applications. Also, interconnection will enhance the performance and decrease the cost of statewide collaborative activities such as administrative videoconferencing.

Additionally, many rural hospitals in Washington State choose to maintain multiple subscriptions to disparate telehealth networks in order to combat perceived service gaps and to maximize their telehealth experience. Due to the currently disconnected state of Washington's telehealth networks, multiple subscriptions require the maintenance and burdensome cost of multiple circuits. Interconnection will allow these hospitals to drop duplicative circuits, and require that hospitals maintain only enough circuits to provide adequate bandwidth. Cost savings realized from decreased telehealth connectivity charges can be used instead to purchase telehealth content and services.

WTE Web Portal

The WTE Web Portal will provide a variety of resources and value-added services available to WTE Members. A publicly accessible homepage includes overviews of, and updates about, the WTE statewide network and the WTC and will also include information about membership opportunities. To move beyond the home page, users will have to log-in using a password to access the gateway to the telehealth marketplace where WTE Members can easily navigate through content and services offered by the interconnected WTE Member telehealth networks. Google-like search results will speed the navigation process.

Today, there is no such service for Washington State and ready access to telehealth programs will increase the efficiency of rural hospitals and clinics in finding appropriate content and services and will increase the ability of telehealth service providers to reach members of their target market.

Via the Portal, WTE Members will have access to the following value-added services:

- **Directory of Services:** A searchable, database-driven Directory of Services will provide WTE Members with a list of free and fee-based telehealth services and applications that have been made available for use.
- **Master Calendar:** A searchable, database-driven Master Calendar will provide up-to-date information about trainings, continuing education opportunities, and meetings relevant to network members. Calendar events are populated both by network members and through coordinated dialogue with external organizations.
- **Basic Videoconferencing Scheduling System:** A simple web-form will be used to request bridge connections within and across interconnected telehealth networks. As sessions are

requested and scheduled, availability of bridge connections for given times and dates will be updated and posted on the WTE Web Portal.

B. Other Phase I Activities Not Funded by the FCC

The Network Design Task Group is charged with achieving WTC's vision of a comprehensive telehealth network that will eventually connect hundreds healthcare organizations throughout Washington State. To achieve this goal, several barriers must be overcome such as **recruiting more users, assisting with assessments to maximize effective use of telehealth services in individual facilities, and assessing additional telehealth services to be offered through the WTE.** In order to most appropriately implement the WTE statewide telehealth network, the WTC is requesting funding from other sources (e.g., the Washington State Department of Health, Washington State Legislature, and the USDA Rural Utilities Services) to conduct the following research activities:

- **Stakeholder Recruitment:** During the first phase of operation, the WTC will actively seek and recruit organizations to join the Consortium and promote membership to the WTE. "Public Relations" activity will especially need to be targeted toward currently disconnected rural sites. Overall, members of the target market include, but are not limited to Rural Hospitals (including Critical Access Hospitals), Federally Designated Rural Health Clinics, Tribal Health Clinics, Public Health Districts, Mental Health Services, Private Telehealth Networks, Universities, Research Centers and Urban/Suburban Hospitals and clinics.
- **Telehealth Education and Outreach:** Of particular importance to the WTC are the needs and desires of Washington State's hospitals and clinics in rural and underserved areas. In order to be most responsive to this stakeholder group, education and outreach activities will be undertaken, in order to generate interest among Washington's healthcare community in using telehealth services **and applications and to foster interest in joining a statewide telehealth network.**
- **Rural Site Assessments:** Informed by interest generated in conducting outreach activities, the WTC will conduct Rural Site Assessments of select healthcare sites to determine what telehealth assets (both human and technical) are in place and the type and quality of infrastructure available. Findings from this research activity will inform overall network design.
- **Telehealth Provider Assessments:** Conducted to ascertain the capacity and willingness of Telehealth Providers to serve the needs of the statewide network's membership, assessments will serve to inform the overall comprehensive design of the proposed statewide network.
- **Comprehensive Connection Plan:** Informed by the site assessment, the work of the network design team will culminate in the creation of a Comprehensive Connection Plan, which takes into account both a high level network design and multiple site-level designs. The connection plan will address barriers to overcome and identify specific assets to leverage in the design of a statewide network. Further the plan will include the provision of specifications and recommendations for WTE network compatible telehealth applications and network equipment. Having undergone the rigorous site assessment, a working plan for each rural site will be developed to estimate costs of incorporating the networking, telecommunications, end user equipment (CPE), and membership requirements for each site to connect to the proposed statewide network.

C. Possible Year 2 Requests for the RHC Pilot Program

Based on the progress and discoveries accomplished during Phase 1 of WTE development, the WTC has identified possible Phase 2 activities for which funding may be requested from the second year of the RHC Pilot Program; these include:

- **WTE Web Portal Expansion:** The Web Portal will be expanded in the future to include a Physicians Directory that provides a listing and contact information for clinicians who participate in telemedicine consultations offering a valuable resource to organizations searching for telehealth specific service providers. In addition, an advanced videoconferencing & event scheduling system will be designed and implemented on the WTE Web Portal. Tied to the Master Calendar, the Scheduler will be used to facilitate inter-institutional invitations for WTE Members to attend continuing education, training, collaborative meeting opportunities, as well as for the largely-automated scheduling of telemedicine clinical consultations. WTE Members interested in participating in an event would electronically “RSVP” to the sponsoring organization, who is responsible for further scheduling action. Not intended to replace systems already in use by private telehealth networks, the videoconference / event scheduler component is but is meant to facilitate collaboration between WTE Members.
- **Alignment with Telehealth Initiatives:** Access to specific infrastructure assets in Washington State strategically positions the newly formed network to align with other state, regional, and national telehealth initiatives. In addition to Internet2 and National LambdaRail points of presence, Pacific Northwest GigaPOP fiber provides natural connections to Alaska, California, Idaho, Montana, and Oregon. Many of these states already collaborate with members of the WTC on projects or have hospitals and clinics in WTC’s partner telehealth networks.
- **Electronic Medical Records:** With the mandate to provide standardized Electronic Medical Records (EMR) by 2014, the Washington Telehealth Consortium will address EMR as a priority issue in its strategic plan.
- **Deployment of WTE Network:** The WTC envisions an comprehensive network design that goes beyond merely interconnecting existing telehealth networks, by incorporating the interconnection with a statewide backbone and network aggregation points that will allow rural hospitals and clinics who are presently unable to utilize telehealth services and applications due to geographic, financial, and technological barriers to become successful members of the telehealth movement in Washington State. To this end, the WTC will request funding from the FCC to implement the statewide network design that will have been drafted as a result of the Phase I WTE network design study.

XII. SUSTAINABILITY

The estimated recurring annual cost to sustain Phase 1 activities (beyond Year 1) is \$30,240, which will be covered by a nominal annual WTE Member subscription incurred by the participating telehealth networks. The WTC will seek funding on the behalf of the participating telehealth networks to reduce or complete off-set these subscription fees. The viability of the WTE will depend on the WTC's ability to provide value to its members and incentive for continued collaboration. In consideration of the imperative to deliver value, the WTC will demonstrate that access to a statewide telehealth network will provide the following benefits to various stakeholders across Washington State.

Stakeholder	Needs Addressed	Benefits Gained
Rural Hospitals & Clinics	Affordable access to telehealth services	Viable access to mission critical telehealth services.
Tertiary Care Centers	Convenient access to an interoperable statewide telehealth network	Increased access to patients & rural providers
Vendors	Sustainable telehealth business models	Broadened access to telehealth market
Payers	Reduced cost of reimbursable health services	Cost effective real and measurable benefits
Patients	Access to high quality, affordable healthcare	Timely access to needed healthcare services

The Washington Telehealth Consortium seeks to establish a broadened market, in the state of Washington, for the provision of free and fee-based telehealth services and applications over a statewide network backbone.

It is anticipated that membership fees will be the main source of revenue for the eventual statewide network (possible state subsidies may be available). Initially, membership fees will be levied by the WTE to existing Private Telehealth Networks on behalf of their members. This will likely change as disconnected sites are added to the network and a permanent network design solution is adopted.

WTE Web Portal operation will be supplemented by the sale of advertisements in addition to membership fees.

With the creation and launch of the Washington Telehealth Exchange, the telehealth market in Washington will transcend geographic and proprietary boundaries by creating an open market for competition in telehealth service provision.

Creating and fostering increased levels of competition in Washington's telehealth market will result in more and less expensive telehealth service and application choices for hospitals and clinics in rural and underserved communities. As well, broadening the telehealth market will give telehealth providers more financial incentive to serve the niche market needs of rural hospitals.

Access to telehealth resources on a statewide basis will assist rural hospitals and clinics in identifying, recruiting, and retaining qualified physicians, clinical specialists, and technicians that offer the delivery of their services via telehealth methods.

Although membership to the Washington Telehealth Exchange statewide network is open to all relevant and interested healthcare organizations in Washington State, only non-profit entities will receive subsidy or financial assistance in connecting to the network architecture.

For-profit network participants will be required to fund their own access to the WTE Interconnection point as part of Phase I. Depending on ultimate network design results, for-profit network participants will not be eligible to receive any subsidy in funding their connection to the proposed statewide network in Phase II. Additionally, for-profit network participants may pay higher membership fees than their non-profit counterparts.

XIII. CONCLUSION

The model described by the Washington Telehealth Consortium (WTC) is a paradigm the FCC will be able to use as our strategy includes aggregation of the specific needs of the health care providers, including those serving rural areas within the State of Washington. Our comprehensive work plan includes the evaluation and leveraging of existing technology to adopt the most efficient and effective means of connection the urban and rural providers. Our plan will demonstrate that we have a viable strategic plan for aggregating usage among health care providers.

The applicant and the members of the WTC have a successful track record in developing, coordinating and implementing successful telehealth/telemedicine programs within the State of Washington. The WTE will be designed to connect existing telehealth networks within the state and provide connections to Internet2 and other advanced communications networks as well as allow medical professionals to use the network to share resources, access medical information, facilitate remote consultations and eventually facilitate the transmission of electronic medical records. The network design study/initial network deployment will also consider ways to ensure that the network and its protocols facilitate expansion of the network and ensure its compatibility with networks outside the state with an eye towards being part of an eventual national high-capacity telehealth network.

The comprehensive network design study and preliminary networks investments proposed by the WTC advance the public interest and meeting the objectives of the FCC Rural Health Care Pilot Program.

XIV. APPENDICES

A. WTC Members & MOU

The following organizations have formalized their participation in WTC by signing a Memorandum of Understanding (MOU); copies of the signed MOUs are included as an attachment to this application. Further below is a copy of the WTC MOU instrument.

- The Association of Washingtons Public Hospital Districts (AWPHD)
- Forks Community Hospital
- GCI, Inc.
- Garfield County Memorial Hospital
- Inland Northwest Health Services
- University of Washington Medicine
- Virginia Mason Medical Center
- Washington State Hospital Association

WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119

MEMORANDUM of UNDERSTANDING

BETWEEN

**THE WASHINGTON TELEHEALTH CONSORTIUM
AND
[SERVICE PROVIDER]**

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

1. This MOU serves to formalize collaborations by and between organizations qualified as members of the Washington Telehealth Consortium.
2. By signing this document, signatories express the commitment of their organization's leadership to cooperate in good faith with the members of the Washington Telehealth Consortium. As a WTC member, signatories agree to participate, as needed, on focused task as defined by the Steering Committee.

Context

During WTC's initial formation year (2007), the current priority initiative is the design, creation, and launch of a statewide network referred to as the "Washington Telehealth Exchange" or WTE. This network will provide a, Internet-based portal linking Washington's rural and urban telehealth service users (i.e., hospitals and medical clinics) and providers (i.e., telehealth networks and specialty services) through which authorized users can access any available telehealth application and/or service; some applications and services may require an additional fee and some may require minimum connection standards (equipment, bandwidth, and protocols). Once established, WTE may be expanded to facilitate the exchange of electronic medical records and other health and medical informatics applications.

Problem

Delivery of high quality medical care can be significantly enhanced by ready access to robust telehealth services and applications, which benefits all health care providers, especially those serving Washington's rural communities. There are several distinct and well-established telehealth networks operating in Washington; however, each is operated independently, offering limited coordinated interconnection and/or collaboration with other networks. There is no adequate statewide mechanism to interconnect Washington's robust-although-disparate telehealth networks, which poses a barrier to Washington's rural health care providers.

Scope

The current MOU is used as the delineating factor for determining membership in the Washington Telehealth Consortium (WTC) for a 1 year period beginning January 1, 2007. This fixed-term MOU is specifically designed for WTC's development phase; once the eventual structure of the WTC is formalized, a revised MOU will be created and circulated for signatures.

Understandings

By signing this MOU, signatories express their organization's willful participation in the formation activities of the Washington Telehealth Consortium during its initial year (2007). As needed, member organizations may be requested to provide qualified personnel to participate on one or more Task Groups as defined and assigned by the WTC Steering Committee.

Contracting Period

This MOU between the WTC and signatory will commence upon the date of signing and terminate on December 31, 2007. As the WTC formalizes its structure during this initial year (2007), a revised MOU will be devised and circulated for signatures as a mechanism for continued membership.

Terms

Signatories of this MOU agree to the following:

- To become members of the WTC, which currently requires no membership fees.
- To provide information to the WTC Steering Committee and various Task Groups as related to the WTC's effort to create the Washington Telehealth Exchange.
- To participate, as needed, on one or more WTC Task Groups, which are defined and assigned by the WTC Steering Committee.
- To provide, as appropriate, organizational endorsement to WTC's efforts that may require a demonstration of support by stakeholders represented by the WTC (i.e., WTC members).

Effective Date

From date of signature until December 31, 2007.

SIGNATURE BLOCK

Jeff Mero, Chair of WTC Steering Committee

Date

Authorized Signatory

Date

B. Findings from the AWPHD Telehealth Readiness Survey

Date range of data collection: November 2006 to March 2007

Total AWPHD Membership: 53

Total number of AWPHD members responding to survey: 34

Response rate: 64%

List of responding AWPHD Members (n=34)

Cascade Medical Center
Cascade Valley Hospital
Coulee Community Hospital
Dayton General Hospital
East Adams Rural Hospital
Ferry County PHD
Forks Community Hospital
Garfield County Hospital
Island Hospital
Jefferson Healthcare
Kennewick General Hospital
Kittitas Valley Community Hospital
Klickitat Valley Health
Lake Chelan Community Hospital
Lincoln Hospital
Mark Reed Hospital
Mid-Valley Hospital

Morton General Hospital
North Valley Hospital
Ocean Beach Hospital
Odessa Memorial Healthcare Center
Okanogan Douglas District Hospital
Olympic Medical Center
Othello Community Hospital
Prosser Memorial Hospital
Pullman Regional Hospital
Samaritan Healthcare
Skagit Valley Hospital
Skyline Hospital
United General Hospital
Valley General Hospital
Whidbey General Hospital
Whitman Hospital & Medical Center
Willapa Harbor Hospital

AWPHD Member not responding (n=19)

Columbia Basin Hospital
Douglas County PHD #2
Douglas County PHD #3
Evergreen Healthcare
Franklin County PHD
Grant County PHD #7
Inter Island Medical Center
Kittitas County PHD #2
Mason General Hospital
Mattawa Community Medical Clinic

McKay Healthcare and Rehabilitation
Newport Hospital and Health Services
Pend Oreille County PHD #2
Point Roberts PHD
Quincy Valley Medical Center
Skamania County PHD #1
Snoqualmie Valley Hospital
Stevens Healthcare
Valley Medical Center

Methods of Connectivity

of Hospitals using Dial-up: 6
of Hospitals using DSL: 18
of Hospitals using Cable: 9
of Hospitals using Satellite: 4
of Hospitals using Leased/Private Lines: 24
of Hospitals using Other: 10

Reliance on Multiple Methods of Connectivity

Hospitals relying on 1 method for Connectivity: 12
Hospitals relying on 2 methods for Connectivity: 14
Hospitals relying on 3 methods for Connectivity: 4
Hospitals relying on 4 methods for Connectivity: 1
Hospitals relying on 5 methods for Connectivity: 3

Telehealth Membership

	<u># of members</u>	/	<u># who want to subscribe</u>
CHART:	3 members belong	/	2 want to subscribe
Med WAN:	6 members belong	/	1 wants to subscribe
NOTN:	2 members belong	/	3 want to subscribe
NTN:	16 members belong	/	2 want to subscribe
UW:	10 members belong	/	1 wants to subscribe
VM:	3 members belong	/	1 wants to subscribe

Member of 0 networks: 7*
Member of 1 network: 19
Member of 2 networks: 4
Member of 3 networks: 2
Member of 4 networks: 2

* - Hospitals reporting to belong to no Telehealth networks include

1. Cascade Valley Hospital
2. Coulee Community Hospital
3. Lincoln Hospital
4. Ocean Beach Hospital
5. Olympic Medical Center
6. Prosser Memorial Hospital
7. Valley General Hospital

Adequacy of Current Broadband Capacity

Current

31 Hospitals believe they have adequate broadband capacity
2 Hospitals believe they DO NOT have adequate broadband capacity (Ferry County PHD & Morton General Hospital)
1 Hospital is NOT SURE if they have adequate broadband capacity (Olympic Medical Center)

Future

25 Hospitals believe their current broadband capacity is sufficient for future expansion
3 Hospitals believe their current broadband capacity is NOT sufficient for future expansion (Ferry County PHD, Lincoln Hospital & Morton General Hospital)
6 Hospitals are NOT SURE if their current broadband capacity is sufficient for future expansion

Types of Telehealth-ready Equipment available at facility

Clinical Appliance: 7

Imaging: 21

Monitoring: 13

Networking: 23

Videoconferencing: 30

Other: 2

Hospital reporting no Telehealth-ready Equipment: 1 (Valley General Hospital)

Value of Telehealth outweigh Costs

Yes: 21

Why?

- East Adams Rural Hospital: Decreases travel cost. More access to education and service.
- Morton General Hospital: Training opportunities are excellent and we hope to implement 'Virtual Clinics' with this technology
- United General Hospital: Don't have extensive telehealth here, mostly teleconferencing.

No: 3

Why?

- Jefferson Healthcare: It is under utilized at this time.
- Kittitas Valley Community Hospital: Expense too high for the volume of use
- Prosser Memorial Hospital: We have tried in the past and had very minimal response.

Sometimes: 6

Why?

- Forks Community Hospital: When we can use it for the services we desire to obtain it is worth the price. It is not worth the associated costs for educational programming alone.
- Skyline Hospital: Content is not always relevant to rural practice. Access from limited sites create user issues.

Not Sure: 2

Levels of Use & Interest in specific Telehealth Services and Applications

Application / Service	Receive	Want	Don't Want	Don't Know
CME	25	7	0	3
EMR	5	7	4	13
Grand Rounds	20	2	1	11
TeleConsulting / Diagnosis	17	6	1	8
TeleMonitoring	3	3	6	18
TelePrevention	2	10	1	17
Videoconferencing	24	7	0	3
TeleCardiology	4	10	5	13
TeleDermatology	5	8	5	13
TeleENT	2	10	5	14
TeleEpidemiology	1	9	5	17
TeleER	8	7	2	15
TeleNeurology	3	11	4	14
TeleObstetrics	1	7	8	15
TeleOncology	1	11	6	12
TelePathology	1	10	6	14
TelePediatrics	2	10	4	15
TelePharmacology	10	12	2	9
TelePsychiatry	7	8	3	15
TeleRadiology	17	8	2	6
TeleRehabilitation	2	10	4	16

Hospitals not reporting any use of Telehealth services or applications: 3

- Cascade Valley Hospital
- Valley General Hospital
- Willapa Harbor Hospital

of Hospitals not reporting any use of Telehealth services or applications, but desire to: 1

- Cascade Valley Hospital

of Hospitals not reporting any use of Telehealth services or applications, and no desire to: 2

- Valley General Hospital
- Willapa Harbor Hospital

Hospitals reported use, interest and disinterest of Telehealth services and applications

Hospital Name	Receive	Want	Don't Want	Don't Know
Cascade Medical Center	2	4	0	15
Cascade Valley Hospital	0	1	1	19
Coulee Community Hospital	6	1	0	14
Dayton General Hospital	7	2	9	3
East Adams Rural Hospital	3	14	4	0
Ferry County PHD	10	11	0	1
Forks Community Hospital	7	9	0	11
Garfield County Hospital	4	16	1	0
Island Hospital	2	1	14	1
Jefferson Healthcare	4	12	0	5
Kennewick General Hospital	14	6	0	1
Kittitas Valley Community Hospital	3	0	15	3
Klickitat Valley Health	2	0	2	17
Lake Chelan Community Hospital	9	12	0	0
Lincoln Hospital	9	9	0	3
Mark Reed Hospital	3	3	6	9
Mid-Valley Hospital	6	2	0	0
Morton General Hospital	4	15	0	3
North Valley Hospital	3	17	0	0
Ocean Beach Hospital	5	5	0	11
Odessa Memorial Healthcare Center	8	3	10	0
Okanogan Douglas District Hospital	2	14	0	5
Olympic Medical Center	3	0	0	4
Othello Community hospital	10	1	10	0
Prosser Memorial Hospital	1	1	0	19
Pullman Regional Hospital	5	0	0	15
Samaritan Healthcare	4	0	0	13
Skagit Valley Hospital	1	0	0	20
Skyline Hospital	3	10	2	9
United General Hospital	4	2	0	15
Valley General Hospital	0	0	0	21
Whidbey General Hospital	1	2	0	18
Whitman Hospital & Medical Center	15	0	0	6
Willapa Harbor Hospital	0	0	0	0

If full utilization of Telehealth services and applications were possible, what would be different?

Hospital Name	Comments
Cascade Valley Hospital	We have not yet discussed this with our medical staff. Also, we are not rural, so services are accessible only 20 miles away.
Coulee Community Hospital	Perhaps hospital and clinic true EMR
East Adams Rural Hospital	Offer more specialized services to patients.
Ferry County PHD	We currently utilize the telehealth network. If more equipment such as scopes, monitoring devices, etc were available it may allow more options for our facility versus transporting patients out of their home environment.
Forks Community Hospital	More easily collaborate with other rural or urban hospitals to leverage equipment, staffing, services and other resources to meet the needs of our rural Hospital. Provide increasing Tele-Specialty services to our patients. Provide increased locally perti
Garfield County Hospital	We would be able to offer direct access to referred providers in-house.
Island Hospital	More CME offerings for physicians. More Administrative meetings.
Jefferson Healthcare	Enhanced service would allow us to keep more patient services within our community that we are currently transfer off site. It would also give our providers a level of consultation they do not currently enjoy.
Kennewick General Hospital	We would be able to allow more education for Physicians and staff on site, instead of driving to Spokane. This would maximize the use of their time to continue seeing and educating our patients.
Klickitat Valley Health	We primarily like to use the service for educational purposes. We have no other current plans for this service at this time.
Lake Chelan Community Hospital	We are Members of MedicalWAN and its daily increasing its services.
Lincoln Hospital	PROVIDE ACCESS TO IMMOBILE POPULATION
Mark Reed Hospital	Telehealth capability could be useful in disaster situations.
Mid-Valley Hospital	We want to have teleER for burn and stroke. We would like to be a provider for teleinterpreting (Spanish) if we can find a way to fund it.
Morton General Hospital	Be able to advertise outside to public the availability in our remote area.
North Valley Hospital	Doctors would have amore readily available service
Odessa Memorial Healthcare Center	These services will decrease travel time patients need to reach a specialist. Services that they do not pursue due to travel costs or time involved. Therefore will increase the likelihood of patients receiving treatment and preventing higher risk cases.
Okanogan Douglas District Hospital	TelePharmacy is just rolling out to meet a critical community need. Full utilization would provide better rural patient care.
Prosser Memorial Hospital	We would be able to offer services to our local communities that are being currently serviced out of the area or not at all. Not all patients have the means to travel a couple of hours to get their medical needs met. Telehealth would increase the quality
Skyline Hospital	Telepharmacy might be of interest for after-hours and shifts not covered by on site pharmacist. We currently use a radiology night hawk service.
United General Hospital	Feel that we are too close to Tri-Cities for us to be able to 'sell' tele specialists to our patient population
Whidbey General Hospital	I don't know if we would do anything significantly differently.
Whitman Hospital & Medical Center	Being able to utilize telehealth more fully would allow United to implement a number of improvements to existing services such as neurology, cardiology, ENT, critical and intensive care.
	I am not sure at this point. We are not very far along as we just received the video conferencing equipment last month.
	Nothing noted at this time.

How Certain Changes would Improve Utilization of Telehealth Services and Applications

	High	Moderate	Low	No Impact	Don't Know	No Response
Lower cost of subscription	13	14	5	0	1	1
Lower cost of equipment/hardware/software	14	10	5	1	3	1
Increase inventory of on-site telehealth equipment	15	8	6	1	3	1
Lower cost of qualified personnel	7	10	7	4	4	2
More adequate bandwidth connectivity to hospital	6	7	11	6	2	2
Improved community infrastructure/connectivity	10	13	6	2	1	2
More sufficient wiring in your facility (internal infrastructure)	8	5	14	2	3	2
Training for service and application utilization	9	14	7	0	2	2
Training in equipment utilization	7	14	9	1	1	2
Improved access to established telehealth networks	15	10	4	1	2	2
Improved network protocol compatibility	9	8	6	6	3	2
More time to address telehealth issues	8	14	5	3	3	1
Buy-in/acceptance of telehealth by your hospital's physicians/providers	11	11	6	1	3	2
Clarification of liability issues in regard to telehealth services	8	10	5	3	6	2
Clarification of reimbursement issues in regard to telehealth services	12	9	5	1	4	3

Additional comments on changes that would improve utilization of Telehealth Services and Applications

Hospital Name	Comments
Coulee Community Hospital	Time of all staff is a critical issue. There is too much to learn and absorb and not enough qualified staff. We have to choose between actually giving care/actually doing our jobs and learning better ways. Doing both is impossible in today's environment
East Adams Rural Hospital	Redesign of our current facility to allow adequate space for attending programs.
Ferry County PHD	community connectivity is limited, thus limiting our capabilities - need national standard
Klickitat Valley Health	We could use some training materials for when we have new employees, etc., that use the system.
Mid-Valley Hospital	More equipment. Better reimbursement for services. More Grants for services/equipment.
Morton General Hospital	Cost, time and interest
Ocean Beach Hospital	Faster access to funds authorized by grants. The waiting kills us.
Okanogan Douglas District Hospital	Catalog of services offered in Washington State and connected areas.
Prosser Memorial Hospital	It is very difficult to say since we are using telehealth in such a very limited way at this time. I do not know what the costs are - as I recall the cost with INHS seemed very reasonable.
Pullman Regional Hospital	The need for outside expertise in certain areas could drive a need to improve the current telehealth network.
Samaritan Healthcare	If we could offer a wider range of continued education for staff and providers from a wider range of facilities

Priority of Key activities aided by Telehealth Services and Applications

	Strongly Important (1)	Important (2)	Moderately Important (3)	Unimportant (4)	Strongly Unimportant (5)	No Response	Response Average
Pursuing continuing education credits	16	7	7	2	0	2	1.84
Communicating with patients	14	5	6	5	2	2	2.25
Communicating with other healthcare providers	18	4	7	3	0	2	1.84
Arranging patient transfers	8	4	8	6	6	2	2.94
Teleconsulting	11	7	7	5	1	3	2.29
Administrative work processes	6	12	9	1	4	2	2.53

Are there other issues related to improved utilization of Telehealth services and applications?

Hospital Name	Comments
Coulee Community Hospital	Cost versus benefit is important. Cost is not just equipment, software, and IS support. The biggest cost is with our staff actually learning and using.
Ferry County PHD	Ferry County has limited Broadband (to date 1.5 mb) we use 4 X 384 kb if all in use at same time we would exceed 1.5 capacity. Minimum requirement for near future is 3 mb
Forks Community Hospital	Acquisition of telehealth services should not require 'club membership' (as alluded to in question #3). The ability should exist for any medical facility to acquire the technology and receive services from whom they are willing and able to partner with. T
Lake Chelan Community Hospital	Need more sites to join and help share the costs to the existing members. It already is very low or free to most sites but as it grows, the costs are able to be spread out even more.
Morton General Hospital	Compatibility between differing systems is our biggest hurdle in our WWRHCC
North Valley Hospital	This is a remote rural hospital.
Okanogan Douglas District Hospital	Currently we have vendors that offer Telehealth services to our hospital if we install a T1 private line of communication. This is not acceptable if it wastes monies no matter if the government or the facility is responsible for the cost associated with

C. Healthcare Facilities Included in Project

126 healthcare facilities in Washington State will benefit from the Phase 1 of the WTE Plan. Each is listed in the following tables. The organization's name, address, city, zip code, phone, RUCA code and network affiliation are included for each listed facility. Network Affiliation is indicated by the following key:

- 1 – INHS's Northwest Telehealth Network
- 3 – University of Washington Medicine
- 4 – North Olympic Telehealth Network
- 5 – GCI's Medical Wide Area Network
- 6 – Virginia Mason Medical Center Network

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
1	Caribou Trail Professional Medical Services	520 W Indian Ave.	Brewster	98812	(509) 689-4000	10	5
2	Caribou Trail Professional Medical Services	529 Jasmine St.	Omak	98841	(509) 826-6704	7	5
3	Cascade Medical Center #	817 Commercial Street	Leavenworth	98826	(509) 548-5815	10.4	5
4	Central Washington Hospital	1201 South Miller Street	Wenatchee	98807	(509) 662-1511	1	1, 5
5	Children's Hospital & Regional Medical Center	4800 Sand Point Way NE	Seattle	98105	(206) 987-2000	1	2, 3
6	Clallam Bay Medical Clinic	74 Bogachiel St	Clallam Bay	98326	(360) 374-6998	10	3, 4
7	Clallam County Department of Health and Human Services	223 E 4th St	Port Angeles	98362	(360) 417-2303	4	4
8	Columbia Basin Hospital *	200 Nat Washington Way	Ephrata	98823	(509) 754-4631	7.4	1
9	Columbia Valley Community Health Clinic	600 Orondo Avenue, Ste 1	Wenatchee	98801	(509) 662-6000	1	1, 5
10	Coulee Community Hospital *	411 Fortuyn Road	Grand Coulee	99133	(509) 633-1753	10	1, 5
11	Coyote Ridge Corrections Center	1301 N Ephrata Ave	Connell	99326	(509) 543-5800	7.3	1
12	Dayton General Hospital *	1012 S. Third Street	Dayton	99328	(509) 382-2531	7.4	1
13	Deaconess Behavioral Medicine	800 W 5th Avenue	Spokane	99204	(509) 458-5800	1	1
14	Deaconess Medical Center	800 West Fifth Avenue	Spokane	99204	(509) 458-5800	1	1

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
15	Deconess Regional Hyperberic and Comp Wound Care Center	800 W 5th Avenue	Spokane	99204	(509) 458-5800	1	1
16	Deer Park Hospital *	1015 E. D Street	Deer Park	99006	(509) 382-2531	2	1
17	Enumclaw Regional Hospital *	1450 Battersby Avenue	Enumclaw	98022	(360) 825-2505	1	1
18	Family Medicine Spokane / Internal Medicine	104 W 5th Avenue	Spokane	99204	(509) 624-2313	1	1
19	Ferry County Memorial Hospital *	36 Klondike Road	Republic	99166	(509) 775-3333	10	1, 5
20	Forks Community Hospital *	530 Bogachiel Way	Forks	98331	(360) 374-6271	7	3, 4, 6
21	Fred Hutchinson Cancer Research Center	1100 Fairview Ave. N.	Seattle	98109	(206) 667-5000	1	3
22	Garfield County Public Hospital *	66 North 6th St.	Pomeroy	99347	(509) 843-1591	10.4	1
23	Grays Harbor Community Hospital	915 Anderson Drive	Aberdeen	98520	(360) 537-5000	4	3
24	Grays Harbor County Public Health & Social Services Dept.	2109 Sumner Ave	Aberdeen	98520	(360) 532-8631	4	1
25	Harborview Medical Center	325 Ninth Avenue	Seattle	98104	(206) 731-3000	1	3
26	Harrison Medical Center	2520 Cherry Avenue	Bremerton	98310	(360) 377-3911	1	3
27	Healthy Options Home Health	657 Okanogan Avenue	Wenatchee	98801	(509) 663-9585	1	5
28	Highline Medical Center/Specialty Campus	12844 Military Road South	Tukwila	98168	(206) 244-0180	1	1
29	Holy Family Hospital	5633 North Lidgerwood St.	Spokane	99208	(509) 482-0111	1	1
30	Inland Imaging / Duvoisin & Associates	501 N Riverpoint	Spokane	99202	(509) 363-7300	1	1
31	Inland Northwest Blood Center	210 W Cataldo Ave	Spokane	99201	(509) 232-4492	1	1
32	Inter Island Medical Center	550 Spring St.	Friday Harbor	98250	(360) 378-2141	10	3
33	Island Hospital	1211 24th	Anacortes	98221	(360) 299-1300	4.2	3
34	Jefferson Healthcare	834 Sheridan Avenue	Port Townsend	98368	(360) 385-2200	7	3
35	Jefferson Mental Health Services	884 W. Park Street	Port Townsend	98368	(360) 385-2200	7	3, 4

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
36	Kennewick General Hospital	900 South Auburn	Kennewick	99336	(509) 586-6111	1	1
37	Kitsap Mental Health	5455 Almira Drive NE	Bremerton	98311	(360) 692-1582	1	3, 4
38	Kittitas Valley Community Hospital *	603 S Chestnut	Ellensburg	98926	(509) 962-9841	4	1
39	Klickitat Valley Heath *	310 S. Roosevelt Box 5	Goldendale	98620	(509) 773-4022	7	1
40	Lake Chelan Clinic, P.C. #	219 E. Johnson	Chelan	98816	(509) 682-2511	7.3	5
41	Lake Chelan Community Hospital *	503 E. Highland	Chelan	98816	(509) 682-3300	7.3	1, 5
42	Lincoln Hospital *	10 Nicholls Street	Davenport	99122	(509) 725-7101	10.4	1
43	Makah Tribe - Indian Health Services Clinic	PO Box 115	Neah Bay	98357	(360) 645-2201	10	3, 4
44	Mark Reed Hospital *	322 South Birch Street	McCleary	98557	(360) 495-3244	3	3
45	Mason General Hospital *	901 Mt. View Dr., Bldg. 1	Shelton	98584	(360) 426-1611	4.2	3
46	Medical WAN	285 Technology Center Way	Wenatchee	98801	(509) 669-1030	1	5
47	Mid-Valley Hospital *	810 Jasmine	Omak	98841	(509) 826-1760	7	1, 5
48	Mid-Valley Medical Group Clinic #	529 Jasmine St	Omak	98841	(509) 826-1600	7	5
49	Morton General Hospital *	521 Adams Street	Morton	98356	(360) 496-5112	10.5	3
50	Mount Carmel Hospital *	982 East Columbia	Colville	99114	(509) 684-2561	8	1
51	Newport Hospital & Health Services *	714 West Pine	Newport	99156	(509) 447-2441	2	1
52	North Central EMS	135 S Worthen Ave Ste 300	Wenatchee	98801	(509) 664-4032	1	1
53	North Valley Hospital *	203 S. Western Avenue	Tonasket	98855	(509) 486-2151	10.6	1, 5
54	Northwest Medstar	6315 E. Rutter	Spokane	99212	(509) 536-5462	1	1
55	Northwest TeleHealth	601 W 1st Ave	Spokane	99201	(509) 232-8100	1	1
56	NW Neurological / NW Collaborative Care	507 S. Washington	Spokane	99204	(509) 458-7720	1	1
57	Ocean Beach Hospital *	174 First Ave. North	Ilwaco	98624	(360) 642-3181	7	3
58	Odessa Memorial Healthcare Center *	502 E. Amende	Odessa	99159	(509) 982-2611	10.4	1

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
59	Okanogan Douglas District Hospital *	507 Hospital Way	Brewster	98812	(509) 689-2517	10	5
60	Okanogan Regional Home Health and Hospice	800 South Jasmine	Omak	98841	(509) 422-6721	7	5
61	Olympic Medical Cancer Center	844 N. Fifth Ave.	Sequim	98382	(360) 683-9895	7.4	6
62	Olympic Medical Center	939 Caroline Street	Port Angeles	98362	(360) 417-7000	4	3
63	Omak Clinic (Wenatchee Valley Clinic) #	916 Koala Dr.	Omak	98841	(509) 826-2109	7	5
64	Othello Community Hospital *	315 North 14th	Othello	99344	(509) 488-2636	7	1
65	Partners with Families and Children	613 S Washington St.	Spokane	99204	(509) 473-4827	1	1
66	Pend Oreille County Counseling Services	105 S Garden Ave	Newport	99156	(509) 447-5651	2	1
67	Peninsula Mental Health	118 East 8th Street	Port Angeles	98362	(360) 457-0431	4	3, 4
68	Prosser Memorial Hospital *	723 Memorial Street	Prosser	99350	(509) 786-2222	7.3	1
69	Providence Services (Administrative)	9 E. 9th Avenue	Spokane	99202	(509) 474-7337	1	1
70	Pullman Regional Hospital *	835 SE Bishop Blvd.	Pullman	99163	(509) 332-2541	4	1
71	Quileute Tribal Health Clinic	560 Quileute Hts	La Push	98350	(360) 374-5700	7	4
72	Quincy Valley Medical Center *	908-10th Ave SW	Quincy	98848	(509) 787-3531	7	1
73	Sacred Heart Children's Hospital	101 West Eighth Avenue	Spokane	99204	(509) 474-4841	1	1
74	Sacred Heart Medical Center	101 West Eighth Avenue	Spokane	99204	(509) 474-3040	1	1
75	Sacred Heart Providence Neuroscience Center	101 West Eighth Avenue	Spokane	99204	(509) 474-3081	1	1
76	Sacred Heart Women's Health Center	101 West Eighth Avenue	Spokane	99204	(509) 474-2400	1	1
77	Seattle Cancer Care Alliance	825 Eastlake Ave E,	Seattle	98109	(206) 288-7222	1	3
78	Shriners Hospital for Children	911 West Fifth Avenue	Spokane	99204	(509) 455-7844	1	1
79	Skagit Valley Hospital	1415 E. Kincaid	Mount Vernon	98273	(360) 424-4111	1	3

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
80	Skyline Hospital *	211 Skyline Drive Box 99	White Salmon	98672	(509) 493-1101	4	1
81	Spokane Department of Human Services	808 W. Spokane Falls Blvd	Spokane	99201	(509) 625-6130	1	1
82	Spokane Family Medicine	104 West 5th, Suite 200W	Spokane	99204	(509) 624-2313	1	1
83	Spokane Veterans Affairs Medical Center	4815 N Assembly	Spokane	99205	(509) 434-7000	1	1
84	St. Joseph Hospital	2901 Squalicum Parkway	Bellingham	98225	(360) 734-5400	1	3
85	St. Joseph's Hospital *	500 East Webster	Chewelah	99109	(509) 935-8211	10	1
86	St. Luke's Rehabilitation Institute	711 South Cowley Ave	Spokane	99202	(509) 473-6298	1	1
87	St. Mary Medical Center	401 W. Poplar, Box 1477	Walla Walla	99362	(509) 525-3320	4	1
88	Sunnyside Community Hospital *	1016 Tacoma Avenue	Sunnyside	98944	(509) 837-1500	4.2	1
89	Tri-State Memorial Hospital *	1221 Highland Ave.	Clarkston	99403	(509) 758-5511	1	1
90	United General Hospital *	2000 Hospital Drive	Sedro- Woolley	98384	(360) 856-6021	1	3
91	University of Washington Medical Center	1959 N.E. Pacific Street	Seattle	98195	(206) 598-3300	1	3
92	UW Eastside Specialty Center	1700 116th Avenue NE	Bellevue	98004	(425) 646-7777	1	3
93	UW Hall Health	University of Washington, E. Stevens Circle, Box 354410	Seattle	98195	(206) 685-1011	1	3
94	UW Medical Center at Roosevelt	4245 Roosevelt Way NE	Seattle	98105	(206) 598-5566	1	3
95	UW Medicine Neighborhood Clinic - Auburn	923 Auburn Way North	Auburn	98002	(253) 333-9000	1	3
96	UW Medicine Neighborhood Clinic - Belltown	2505 2nd Ave., Suite 200	Seattle	98121	(206) 443-0400	1	3
97	UW Medicine Neighborhood Clinic - Factoria	13231 SE 36th Street	Bellevue	98006	(425) 957-9000	1	3
98	UW Medicine Neighborhood Clinic - Federal Way	32018 23rd Ave. South	Federal Way	98003	(253) 839-3030	1	3

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
99	UW Medicine Neighborhood Clinic - Issaquah	1455 11th Ave. NW	Issaquah	98027	(425) 391-3900	1	3
100	UW Medicine Neighborhood Clinic - Kent / Des Moines	23213 Pacific Highway South	Kent	98032	(206) 870-8880	1	3
101	UW Medicine Neighborhood Clinic - Shoreline	1355 North 205th St.	Shoreline	98133	(206) 542-5656	1	3
102	UW Medicine Neighborhood Clinic - Woodinville	17638 140th Ave. NE	Woodinville	98072	(425) 485-4100	1	3
103	UW Medicine Regional Heart Center - Alderwood	18631 Alderwood Mall Parkway	Lynnwood	98037	(425) 774-8251	1	3
104	UW Nursing Education	1959 NE Pacific Street	Seattle	98195	(206) 598-4741	1	3
105	UW Sports Medicine Clinic	3850 Montlake Blvd NE	Seattle	98195	(206) 543-1552	1	3
106	Valley Hospital and Medical Center	12606 E. Mission Avenue	Spokane Valley	99216	(509) 924-6650	1	1
107	Veteran's Administration Puget Sound Health System	1660 South Columbian Way	Seattle	98108	(206) 762-1010	1	3
108	Virginia Mason Bellevue	222 112th Ave. N.E.	Bellevue	98004	(425) 637-1855	1	6
109	Virginia Mason Central Offices (Administrative)	1100 Ninth Ave.	Seattle	98101	(206) 624-1144	1	6
110	Virginia Mason Federal Way	33501 First Way. S.	Federal Way	98003	(253) 838-2400	1	6
111	Virginia Mason Issaquah	100 N.E. Gilman Blvd.	Issaquah	98027	(425) 557-8000	1	6
112	Virginia Mason Kirkland	13014 120th Ave. N.E.	Kirkland	98034	(425) 814-5100	1	6
113	Virginia Mason Lynnwood	19116 33rd Ave. W.	Lynnwood	98036	(425) 712-7900	1	6
114	Virginia Mason Sand Point Pediatrics	4575 Sand Point Way N.E.	Seattle	98105	(206) 525-8000	1	6
115	Virginia Mason Seattle Main Clinic / Hospital	1100 Ninth Avenue	Seattle	98101	(206) 223-6600	1	6
116	Virginia Mason Sports Medicine Clinic	904 Seventh Ave.	Seattle	98104	(206) 223-6487	1	6
117	Virginia Mason Winslow	380 Winslow Way E.	Bainbridge Island	98110	(206) 842-5632	1	6

	Organization	Address	City	Zip Code	Phone	RUCA	Ntwk
118	Walla Walla Department of Human Services	1520 Kelly Place	Walla Walla	99362	(509) 527-3278	4	1
119	Washington Department of Health	101 Israel Road SE	Tumwater	98591	(360) 236-4030	10.5	1
120	Washington State Penitentiary	1313 N. 13th Ave.	Walla Walla	99362	(509) 525-3610	4	1
121	Wenatchee Valley Medical Center	820 North Chelan Avenue	Wenatchee	98801	(509)663-8711	1	5
122	Wenatchee Valley Oroville Clinic	1617 Main St	Oroville	98844	(509) 476-3631	10	5
123	West End Outreach Services	530 Bogachiel Way	Forks	98331	(360) 374-6177	7	3, 4
124	Whitman Hospital & Medical Center *	1200 West Fairview	Colfax	99111	(509) 397-3435	7.4	1
125	Willapa Harbor Hospital *	800 Alder Street	South Bend	98586	(360) 875-5526	7	3
126	Yakima Community Services	1002 N. 16th Ave	Yakima	98902	(509) 225-6100	1	1

D. Letters of Support

The following letters of support are attached in this section of the application. Additional letters are expected and will be forwarded to the FCC as they are received.

- Letter from Senator Patty Murray
- Letter from Congresswoman Cathy McMorris Rodgers
- Letter from Congressman Rick Larsen
- Letter from Mary Selecky, Washington State Secretary of Health
- Letter from the Washington Utilities and Transportation Commission
- Letter from Congressman Doc Hastings (pending)
- Letter from Congressman Jim McDermott

PATTY MURRAY
WASHINGTON

United States Senate
WASHINGTON, DC 20510-4704

COMMITTEES:
APPROPRIATIONS
BUDGET
HEALTH, EDUCATION, LABOR
AND PENSIONS
RULES AND ADMINISTRATION
VETERANS' AFFAIRS

April 26, 2007

The Honorable Kevin Martin
Chairman
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20544

Dear Mr. Martin:

I am writing in support of the application filed by the Association of Washington Public Hospital Districts (AWPHD) for a Rural Health Care Pilot Program grant from the Federal Communications Commission. Their proposal to establish a statewide telehealth network will interconnect and support 33 rural sites throughout the state. This proposal is vital to the future of rural health care in Washington state and will establish an open, robust, multipurpose telehealth and information network that will be available to all health care providers.

This project will increase affordable access to telehealth services in rural and underserved communities by enhancing existing telehealth networks in Washington state. With our state's many health care challenges, especially in rural areas, this network will allow our health care providers to use the latest technology to break down these barriers to care. Patients in rural areas will be able to connect with specialists without leaving their communities. Additionally, this network will boost the efficiency of the system, reducing costs for all patients.

I would like to commend AWPHD for their efforts to expand telehealth services in our state. This funding would significantly improve the access to health care for all residents of Washington. Thank you for your consideration of their application. Please feel free to contact Sheila Babb in my Seattle office at (206) 553-5545 with any questions you may have.

Sincerely,


Patty Murray
United States Senator

PM/smb

173 RUSSELL SENATE OFFICE BUILDING
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(202) 224-2621

1611—116TH AVENUE, NE
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BELLEVUE, WA 98004-3045
(425) 462-4460

2930 WETMORE AVENUE
SUITE 903
EVERETT, WA 98201-4107
(425) 259-6515

2988 JACKSON FEDERAL BUILDING
915 2ND AVENUE
SEATTLE, WA 98174-1003
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601 WEST MAIN AVENUE
SUITE 1213
SPOKANE, WA 99201-0613
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950 PACIFIC AVENUE
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5TH DISTRICT, WASHINGTON
ASSISTANT WHIP

COMMITTEES:
NATURAL RESOURCES
RANKING MEMBER, WATER & POWER

ARMED SERVICES
EDUCATION AND LABOR

WOMEN'S CAUCUS
CO-CHAIR

Congress of the United States
House of Representatives

May 2, 2007

ADAMS
ASOTIN
COLUMBIA
FERRY
GARFIELD
LINCOLN
OKANOGAN
PEND OREILLE
SPOKANE
STEVENS
WALLA WALLA
WHITMAN

The Honorable Kevin Martin, Chairman
Federal Communications Commission
445 12th Street SW
Washington, DC 20515-0001

RE: Rural Health Care Pilot Program Application

Dear Chairman Martin,


I am writing to express my support for the application filed by the Association of Washington Public Hospital Districts (AWPHD), titled the Establishing a Statewide Telehealth Network, for \$850,000. This application will interconnect and support 33 rural sites throughout the State of Washington.

Establishing an open, robust, multipurpose telehealth and information network that would be available to all health care providers and services is vital to the future of rural health care in Washington State. Much of Eastern Washington is rural, creating a challenge for those who do not live near a health center.

As a member of the bi-partisan Congressional Rural Health Care Coalition, I am working with others to advance important rural health care programs. Increased funding for critical rural health programs, ensuring rural communities have access to health care professional, and supporting new technologies are all crucial to improve rural health care.

The impact of this project will increase affordable access to telehealth services in rural and underserved communities, which will greatly benefit Eastern Washington. I want to commend you for establishing this pilot program. Please keep me informed as to the progress of the Association of Washington Public Hospital Districts' application.

Best Wishes,


Cathy McMorris Rodgers
Member of Congress

CMR/ks

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555 SOUTH MAIN
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29 SOUTH PALOUSE STREET
WALLA WALLA, WA 99362
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E-Mail: Rick.Larsen@mail.house.gov
<http://www.house.gov/larsen>

RICK LARSEN
2ND DISTRICT, WASHINGTON

Congress of the United States
House of Representatives
Washington, DC 20515-4702

COMMITTEES:
TRANSPORTATION
AND INFRASTRUCTURE

ARMED SERVICES

SMALL BUSINESS

May 4, 2007

The Honorable Kevin Martin, Chairman
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

RE: Rural Health Care Pilot Program Application
Washington Telehealth [Consortium/Exchange]
Association of Washington Public Health Districts
State of Washington

Dear Chairman Martin:

I am writing to express my support for the application filed by the Association of Washington Public Hospital Districts (AWPHD), titled the Establishing a Statewide Telehealth Network, for \$850,000. This application will interconnect and support 33 rural sites throughout the State of Washington. Establishing an open, robust, multipurpose telehealth and information network that would be available to all health care providers and services is vital to the future of rural health care in Washington State.

The project will increase affordable access to telehealth services in rural and underserved communities; improve the ability of rural and underserved communities to effectively utilize telehealth services; sustain value for all members of the Washington Telehealth Consortium by interconnecting and enhancing existing telehealth networks in Washington State; and leverage telehealth services to make health care more effective and less expensive for all Washingtonians.

In addition, I want to commend you for establishing this pilot program and opening the door for the Commission to re-examine the rural health care (RHC) universal service support program. In particular, I am pleased that the Commission has significantly expanded the scope of the RHC under this pilot to encourage infrastructure investment and the deployment of dedicated networks. This is a badly needed expansion beyond the current very limited scope of the existing RHC program and I encourage you to revise the existing program with an expansive range of eligibility as you have done in the pilot program.

I thank you in advance for considering this very important application.

Sincerely,



Rick Larsen
Member of Congress



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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April 26, 2007

The Honorable Kevin Martin, Chairman
Federal Communications Commission
445 12th Street, South West
Washington DC 20554

RE: Rural Health Care Pilot Program Applications,
Washington Telehealth [Consortium/Exchange]
Association of Washington Public Hospital Districts
State of Washington

Dear Chairman Martin:

I am pleased to send you this letter of support for the Washington Telehealth Consortium. Rural hospitals and other rural health care facilities in Washington have been working for several years to make a statewide telehealth network. This grant is critical to bringing the planning and development work to reality.

The Washington Telehealth Consortium includes Inland Northwest Health Services, the University of Washington (both UW Medicine and UW Computing and Communications), GCI (the telephone company that operates the North Central Washington MedWan), Virginia Mason Medical Center, the Washington State Hospital Association, and several rural hospitals. Representation from Washington's Statewide Office of Rural Health has also been involved. Seed money for this work came from my agency through the Office of Community and Rural Health using some federal Rural Hospital Flexibility grant funds. The Association of Washington Public Hospital Districts has also provided significant time and money to create this statewide telehealth network.

This is an important project and should be funded. Small rural hospitals and rural clinics in Washington State envision this telehealth backbone to work like the K-20 network - allowing rural health organizations to move telehealth information at no cost from remote places in Washington State to anywhere in the world. Washington's Governor Gregoire is committed to improving the affordability and quality of our health care system. Included in her priorities is - Using health information technology. This project is an important step for rural facilities to meet this priority goal. Thank you for your support.

Sincerely,


Mary C. Selecky
Secretary



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

April 27, 2007

Kevin J. Martin, Chairman
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Dear Kevin:

I strongly support the application of the Washington Telehealth Consortium (WTC) for the Rural Health Care Pilot Program that the Commission launched last fall. I appreciate your leadership in developing this innovative, enhanced funding initiative to help rural health care providers provide telehealth and telemedicine services throughout the nation. This consortium in Washington state marks an unprecedented step forward in the cooperation and coordination among important telemedicine stakeholders in Washington state. The Association of Washington Public Health Districts (AWPHD) took the initiative last summer in both bringing together the several key telemedicine stakeholders in our state and providing some important seed money and in-kind resources to establish important momentum in this state-wide effort.

Since I grew up in the largest urban area (Spokane) in the more rural part of our state, I am personally familiar with groups like Inland Northwest Health Services (INHS) and hospitals that have been providing services to rural areas throughout our state and region for many years. They have been doing a fine job, but with the rapid advances in advanced telecommunications with more bandwidth that can accommodate real-time, high-speed medical services, it is time to take these capabilities to the next level. It is also important to coordinate infrastructure, software, and services to a larger degree in order to take advantage of these new telecommunication capabilities, as well as recognize that limited resources can be maximized through a state-wide, collaborative approach.

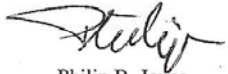
We received a briefing on the Rural Health Care Pilot Program in the Telecommunications Committee of NARUC during last year's summer meeting in San Francisco. So I appreciate the fact that Tom Navin, and your staff, have been engaged in outreach to state commissions in order to spread the good word about this new, innovative pilot program. I think it's a good idea to educate the state commissions about this program, and urge them to work cooperatively with other agencies, private



companies, and non-profit groups in each state on fashioning state-wide programs in telemedicine.

Therefore, I support this application for funding by the Washington Telehealth Consortium and urge favorable consideration of it by you and your staff that are responsible for managing this important program.

Sincerely,



Philip B. Jones
Commissioner
Washington Utilities and Transportation Commission (WUTC)

Cc: Tom Navin, Bureau Chief, Wireline Competition Bureau
Commissioner Michael J. Copps
Commissioner Jonathan S. Adelstein
Commissioner Deborah Taylor Tate
Commissioner Robert McDowell
Bill Gillis

Congress of the United States
House of Representatives
Washington, DC 20515

May 4, 2007

Kevin Martin, Chairman
Federal Communications Commission
445 12th Street SW
Washington, DC 20554-0005

Dear Chairman Martin:

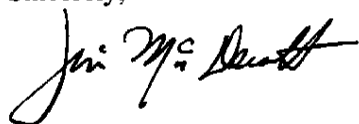
I am writing to express my support for the application filed by the Association of Washington Public Hospital Districts (AWPHD) for funding through the Federal Communication Commission's Rural Health Care Pilot Program, to establish a Statewide Telehealth Network. As a medical doctor, I am impressed by the potential of this project both to improve access to care and to address some of the causes of the skyrocketing cost of health care.

This project will interconnect and support 33 rural sites throughout the State of Washington. Establishing an open, multipurpose telehealth and information network, available to all urban and rural health care providers and services, is vital to the future of health care in Washington State. The project will increase affordable access to health care for Washington's residents, especially in rural and underserved communities; improve the ability of these communities to effectively utilize telehealth technology; enhance existing telehealth networks in Washington State; and leverage telehealth services to make health care more effective and less expensive.

I commend you for establishing this pilot program and opening the door for the Commission to re-examine the rural health care universal service support program. The Association of Washington Public Hospital Districts' grant proposal will encourage infrastructure investment and the deployment of dedicated networks. I urge FCC's favorable action on it.

Thank you in for your consideration.

Sincerely,



Jim McDERMOTT
Member of Congress